results of focus-group interviews and in-depth interviews with senior citizens and experts

deliverables D5 and D6
internal paper from WP3 & WP4

CRACOW UNIVERSITY OF TECHNOLOGY
Cracow, Poland

UNIVERSITAT DE VALÈNCIA
-Psychonomy Research Unit
Valencia, Spain

December 2003

Research project funded by the European Commission within the EU Fifth Framework Programme, RTD programme „Quality of Life and Management of Living Resources“
results of focus-group interviews and in-depth interviews with senior citizens and experts

deliverables D5 and D6
internal paper from WP3 & WP4

Lidia Żakowska
Cracow University of Technology
Cracow, Poland

Hector Monterde i Bort
Psychonomy Research Unit
Universitat de València
Valencia, Spain

December 2003
Preface

SIZE – "Life quality of senior citizens in relation to mobility conditions" (project number QLK6-CT-2002-02399) is a project in the framework of the specific research and technological development programme "Quality of life and management of living resources", key action 6 "The ageing population and disabilities" in EU's Fifth Framework Programme.

European policy regarding the elderly aims at maintaining their mobility. This is a central element of their integration in society. Senior citizens want to stay autonomous and independent as far as possible. Without the possibility to maintain mobility, senior citizens cannot lead an independent life, with many other problems, such as isolation and health problems as a consequence.

The project SIZE has a life-span of 3 years and is divided into 4 research areas: State-of-the-art & preparatory activities, qualitative studies, standardised survey and finalisation & distribution of results.

The general objectives of SIZE are:

1. To explain and describe the present mobility and transport situation, the problems, needs and wishes of different groups of senior citizens from their own perspective compared with experts’ points of view ("experts" being sociologists, psychologists, traffic experts, experts on gerontology, architects and urban designers, urban planners, politicians, policy makers, experts of other related EU projects, etc.);
2. To motivate action by the authorities and other relevant groups in society who are, or feel, responsible in this area, among others by making discrepancies in problem identification transparent;
3. To identify relevant solutions for existing problems and to provide guidance for setting up and implementing policies aimed at "keeping the elderly mobile".

14 partners from eight different countries are involved in SIZE:

University of Vienna, Institute of Sociology ● Anton Amann ● Austria
FACTUM OHG ● Ralf Risser ● Austria
University of Erlangen – Nuremberg, Institute for Psychogerontology ● Heinz Jürgen Kaiser ● Germany
National University of Ireland - Traffic Research Unit / Counselling & Health Studies Unit ● Donncha O´Cinneide / Eleanor O’Leary ● Ireland
Università degli Studi Roma Tre – Dipartimento di Progettazione e Studio dell’Architettura (Di.P.S.A.) ● Lucia Martinigh ● Italy
Lund University – Department of Technology and Society ● Agneta Ståhl ● Sweden
Cracow University of Technology – Department of Architecture ● Lidia Żakowska ● Poland
Centrum Dopravního Výzkumu (CDV) – Transport Research Centre ● Karel Schmeidler ● Czech Republic
Universitat de València, Facultat de Psicologia, Dptm. Metodologia de les Ciències del Comportament, Psychonomy Research Unit ● Hector Monterde i Bort ● Spain
Stowarzyszenie Wychowanków Politechniki Krakowskiej im. Tadeusza Kosciuszki ● Władysław Muszynski ● Poland
Asociacion de amas de casa TYRIUS de Betera ● Amparo Sancho Piera ● Spain
Associazione Abitare e Anziani (AeA) ● Assunta D’Innocenzo ● Italy
Pro Skåne ● Karin Wegestål ● Sweden
Stadtseniorenrat der Stadt Nürnberg ● Helga Appel / Karl-Heinz Ludwig ● Germany
# CONTENTS

## SUMMARIES

- České Resumé ........................................................................................................................... 5
- English Summary ....................................................................................................................... 5
- Zusammenfassung ................................................................................................................... 7
- Riassunto ................................................................................................................................ 10
- Streszczenie w języku Polskim .......................................................................................... 13
- Resumen en Castellano ............................................................................................................ 16
- Sammanfattning på Svenska ............................................................................................... 18

## EXECUTIVE SUMMARY: RESULTS OF FOCUS-GROUP AND IN-DEPTH INTERVIEWS WITH SENIOR CITIZENS AND EXPERTS ....................................................................................... 25

## I. INTRODUCTION ...........................................................................................................31

## II. GENERAL METHODOLOGY .........................................................................................34

- Qualitative Interviews with Seniors and Experts – WP3 & WP4 ................................................... 34
- Analysis of the results .............................................................................................................. 37

## III. QUALITATIVE ANALYSIS OF EXPERTS’ AND SENIORS’ INTERVIEWS – NATIONAL REPORTS .............................................................................................................................39

### AUSTRIA [PARTNER 02]...................................................................................................40
- Experts – main findings ............................................................................................................ 40
- Seniors – main findings ............................................................................................................ 57
- Conclusions and implications of data for decision-makers or policy-makers ......................... 73

### GERMANY [PARTNER 03].................................................................................................76
- Experts – main findings ............................................................................................................ 76
- Seniors – main findings ............................................................................................................ 84
- Conclusions and implications of data for decision-makers or policy-makers ......................... 89

### IRELAND [PARTNER 04] ..................................................................................................99
- Experts – main findings ............................................................................................................ 99
- Seniors – main findings ............................................................................................................ 116
- Conclusions and implications of data for decision-making or policy making ....................... 126

### ITALY [PARTNER 05] .....................................................................................................129
- Experts – main findings ............................................................................................................ 129
- Seniors – main findings ............................................................................................................ 132
- Conclusions and implications of data for decision- and policy makers ................................. 134

### SWEDEN [PARTNER 06] .................................................................................................137
- Experts – main findings ............................................................................................................ 137
- Seniors – main findings ............................................................................................................ 139
- Conclusions and implications of data for decision and policy making in Sweden ................ 144

### POLAND [PARTNER 07].................................................................................................145
- Experts – main findings ............................................................................................................ 145
- Seniors – main findings ............................................................................................................ 151
- Conclusions and implications of data for decision-makers or policy-makers ......................... 157

### CZECH REPUBLIC [PARTNER 08] ...................................................................................164
- Experts – main findings ............................................................................................................ 164
- Seniors – main findings ............................................................................................................ 173
- Conclusions and implications of data for decision making or policy making in the Czech Republic 178
SPAIN [PARTNER 09] ................................................................. 180
Experts – main findings ............................................................ 180
Seniors – main findings ............................................................ 201
Conclusions and implications of data for decision-makers or policy-makers ........................................... 215

IV. GENERAL CONCLUSIONS BASED ON THE COMPARISON OF NATIONAL
QUALITATIVE DATA ............................................................... 225
Main findings ........................................................................ 225
The relationship between mobility preconditions and QoL ................................................................. 229

APPENDIX - RESEARCH PROCEDURE AND STATISTICAL ANALYSIS OF INTERVIEW
QUESTIONNAIRES
SUMMARIES

Below are the summaries of this report in Czech, English, German, Italian, Polish, Spanish and Swedish. These are the languages represented in the consortium.

ČESKÉ RESUMÉ

Workpackages 3 & 4: Focus-group interviews a hloubková interviews se staršími občany a experty

Deliverables D5 & D6: Výsledky Focus-group interviews a hloubkových interviews se staršími občany a experty

Cíle

Obecným úkolem workpackage 3 (WP3) a workpackage 4 (WP4) projektu SIZE byla kvalitativní analýza stávající mobilní a dopravní situace starších lidí z osmi evropských zemí, které participují na projektu.

Hlavním cílem bylo vysvětlit a popsat problémy, potřeby a přání různých skupin starších občanů z jejich perspektivy a porovnat jí s perspektivou expertů na dopravu. Pozornost byla zaměřena na tyto otázky:

1) Které jsou hlavní faktory ovlivňující podmínky mobility seniorů v každé ze zemí?
2) Jak se senioři vyrovnavají se stávající mobilní situaci?
3) Které faktory podporují a které naopak limitují mobilitu seniorů v každé ze zemí?
4) Jaká opatření jsou nutná pro zlepšení situace?
5) Co zabraňuje implementaci těch opatření, jež jsou považována za prospěšná?

Na základě výsledků WP3 a WP4 byly vytvořeny kvantitativní standardizované výzkumné nástroje pro další výzkumné oblasti (WP5-WP9), tyto výsledky také poskytnou myšlenky pro budoucí řešení (WP12) a budou podkladem pro závěrečnou zprávu (WP13).

Metodologie

Všichni výzkumní partneři (reprezentující osm evropských zemí) postupovali na základě stejné metodologie, což umožňuje komparaci výsledků. Lídři jednotlivých úkolů (workpackage) zodpovídali za koordinaci práce; v této fázi výzkumu navázali úzkou spolupráci – od vytvoření plánu práce a časového harmonogramu rozhovorů se seniory a experty, přes proces dotazování a interpretace všech výsledků, až po závěrečnou analýzu a diseminaci výsledků. Byly vytvořeny dva pracovní plány, které byly doručeny všem participujícím partnerům, společně s dalšími pomocnými nástroji a instrukcemi.

Obecná metodologie pro rozhovory se seniory (WP3) i experty (WP4) byla stejná, tj. byla provedena kvalitativní studie obou skupin, expertů i seniorů, která sestávala z tzv. focus group rozhovorů a z hloubkových rozhovorů.

Respondenti-seniøři byli vybíráni s úmyslem vytvořit vzorek všech kategorií: senioři z velkých i menších měst a z venkova; muži i ženy; s různým vzděláním; s různými typy ekonomické aktivity a bydlení; praktikující různé typy mobility. Celkem participovalo 487 seniorů z osmi
zemí (v každé zemi cca 25-35 ve focus group a 25-35 na individuálních hloubkových rozhovorech).

Respondenti-experti byli vybíráni s úmyslem získat co nejrozmanitější vzorek: úhrnný vzorek 225 expertů (25-35 osob z každé zúčastněné země) zahrnoval výzkumníky, experty s rozhodovacími pravomocemi (decision makers), urbanisty, dopravní inženýry, psychology, sociology, sociální pracovníky apod.

Výsledky


Samostatnou přílohu (Appendix) tvoří statistická analýza rozhovorů, protože kvantifikovatelná data byla získána zohledněným charakteristik vzorku. Výsledky ukazují, že posuzování podmínek mobility se vztahuje k volbě způsobu dopravy (dopravního prostředku), k populaci prostředí (město vs. venkov) i k existenci postižení. Kromě toho příloha obsahuje všechny materiály použité v průběhu studie, Osobní registrační formulář a Dotazník s pěti položkami, ve verzích pro seniory i experty, a také krátký popis výzkumného přístupu v jednotlivých participujících zemích.
ENGLISH SUMMARY

Workpackages 3 & 4: Focus-Group and In-depth interviews with older adults and experts

Deliverables D5 & D6: Results of Focus-Group and In-depth interviews with older adults and experts

Objectives

The general objective of Workpackages Three and Four (WP3 and WP4) of the project SIZE was the identification of the present mobility and transport situation of older adults from the eight European countries that participated in the project.

The main goal was to explain and describe the problems, needs and wishes of different groups of older adults from their own perspective and compare their views with those of various experts within each country. The focus groups and in-depth interviews centred around five key questions, namely:

1) What are the basic factors influencing older adult mobility conditions in each country today?
2) How do older adults cope with the present mobility situation?
3) What enhances and what limits the mobility of older adults in different countries?
4) What measures are necessary to improve the situation?
5) What prevents these measures from being implemented?

The qualitative results of WP3 and WP4 formed the basis on which the quantitative, standardised instruments for the next study areas (WP5-WP9) were produced. The qualitative results will also provide future solutions (WP12) and will be included in the final report (WP13).

Methodology

For comparable results, all research partners (representing eight European countries) followed the same methodology as closely as possible. Work-package (WP) leaders were responsible for the co-ordination of the work within the respective work-packages. The WP leaders had to work closely together during this research phase preparing general work-plans and time-schedules of interviews with older adults and experts, supervising the process of interviewing, interpreting all results, analysing the final analysis and reporting them. The two separate work-plans, i.e. WP3 and WP4, were co-ordinated and delivered by the WP leaders to all the participating partners, together with the other documents and instructions.

The general methodology of interviewing older adults (WP3) and experts (WP4) was the same, namely: qualitative studies consisting of Focus Group Interviews (FGIs) and In-Depth Interviews (IDIs).

The older adult participants were selected with the intention of creating a sample which was representative of the following categories: gender (male, female); age (65-74 years, 75-84 years, 85+ years); living area (urban, suburban, rural areas); educational level (primary,
secondary, third level) and employment status (working full-time, working part-time, retired). It was also hoped to include a representative sample of older adults who used various types of mobility: pedestrians; drivers; public transport users and cyclists. In total, 487 older adults from the eight countries participated. Twenty-five to 35 in focus-groups and a further 25 – 35 individuals were individually interviewed.

The expert participants were selected with the intention of incorporating a wide range of expertise. Thus, the total sample of 225 experts (25 - 35 people in each participating country) included researchers, decision-makers and practitioners who deal with all aspects of older adult mobility such as urban planners, traffic engineers, psychologists, sociologists, social workers and nurses.

Results

The qualitative analysis of experts’ and older adults' interviews were presented in the form of National Reports. Each report included details of all of the findings of the focus groups and in-depth interviews, conclusions and their implications for decision-makers or policy-makers in each country.

An overall document was produced by the WP leaders which analysed the qualitative data from all participating countries. This overall analysis produced the following categories in relation to older adults' and experts' perspectives of the mobility situation: personal perspectives, social/environmental perspectives, technical perspectives, legal/policy perspectives, technical and methodological considerations.

The most significant conclusion drawn was that the problem of older adult mobility is interdisciplinary in nature. The qualitative analysis also revealed that measures identified for implementation concern many diverse areas.

The results revealed a considerable amount of agreement between experts and older adults in respect to the structure of mobility problems. However, older adults raised more issues and experts proposed more systematic measures for improvement in relation to mobility. Experts’ awareness was much clearer with regard to the technical and legal perspectives of older adult mobility.

The structure of the daily mobility situation of older people was similar across countries. Basic needs in the mobility domain included daily activities (shopping, running errands, health care), walking (for fun, with children, with the dog) and leisure (mental activities: cinema, theatre, TV watching, reading, listening to the radio, playing cards, playing internet games, artistic activities and physical activities: gymnastics, countryside journeys, gardening). Among other responsibilities, older people often emphasised their involvement in taking care of other older people or children. As many participants stated, this type of activity was an important source of self-acceptance (feeling important and useful), and thus, an important source of motivation for mobility. Religion (religious activities) also played a role as a factor which enhanced mobility.

Regarding motivation and reasons for going out, older adults usually claimed that everything they needed was available in their homes. The study demonstrated the existence of an 'old person stereotype' among groups of older people. According to the stereotype, an older person is passive and does not actively participate in social life and/or is not interested in physical exercise. There may be psychological reasons for this, such as depression, lack of motivation, fear or loneliness.
A separate APPENDIX contains the statistical analysis of the interview questionnaires where quantifiable data was obtained. The results show that the assessment of mobility preconditions is related to the use of transport mode, the population environment (urban vs. rural), as well as to the existence of impairments. Apart from the statistical analysis, the Appendix consists of all materials used during the study, the Personal Registration Form and the Five Question Questionnaire, versions for older adults and experts and a short description of the research approach in the participating countries.
ZUSAMMENFASSUNG

Arbeitsschritte (workpackage) 3 & 4 (WP3 & 4): Fokusgruppeninterviews und Tiefeninterviews mit Senioren und Experten

Arbeitspapiere D5 & D6: Ergebnisse der Fokusgruppeninterviews und Tiefeninterviews mit SeniorInnen und ExpertInnen

Ziele

Die allgemeine Zielsetzung des dritten und vierten Teilprojekts von SIZE war eine qualitative Analyse der aktuellen Situation von SeniorInnen aus den acht am Projekt beteiligten europäischen Ländern in Bezug auf ihre Mobilität und Verkehrsteilnahme.

Die konkrete Aufgabenstellung war, die Probleme, die Bedürfnisse und die Wünsche von verschiedenen Gruppen von SeniorInnen aus deren eigener Perspektive zu beschreiben, diese zu erklären und im Hinblick auf folgende Fragestellungen mit den Ansichten der Experten zu vergleichen:

1) Welche grundlegenden Faktoren haben Einfluss auf die gegenwärtige Mobilität älterer Menschen in den verschiedenen Ländern?
2) Wie kommen SeniorInnen mit der heutigen Mobilitätssituation zurecht?
3) Was fördert oder begrenzt die Mobilität von SeniorInnen in den verschiedenen Ländern?
4) Welche Maßnahmen sind notwendig, um die Situation zu verbessern?
5) Welche Faktoren oder Bedingungen vereiteln die Maßnahmen, die als nützlich/sinnvoll angesehen werden?

Die Ergebnisse von WP3 und WP4 bilden die Grundlage für die nächsten Arbeitsschritte (WP5-WP9). Auf diese Ergebnisse nehmen nämlich einerseits die Instrumente für die quantitativen Erhebungen Bezug, und andererseits bilden die Resultate auch die Grundlage für Ideen und Vorstellungen über zukünftige Lösungen (WP12). Sie werden somit auch zum Abschlußbericht (WP13) einen gewichtigen Teil beisteuern.

Methoden

Alle Forschungspartner arbeiteten bei der Umsetzung der qualitativen Phase von SIZE nach exakt den gleichen methodischen Prinzipien, um die Ergebnisse vergleichbar zu machen. Die Leiter der qualitativen Phase WP3/4 waren für die allgemeine Koordinierung und Durchführung der praktischen Arbeit und der jeweiligen Arbeitsschritte der einzelnen Partner verantwortlich.

Sie waren angehalten, während dieser Forschungsphase eng zusammen zu arbeiten, beginnend beim Aufbau des Hauptarbeitsplans und der Zeitpläne für Interviews mit SeniorInnen und ExpertInnen, über die Durchführung der Interviews und den Prozess der Ergebnisinterpretation bis hin zur vollständigen Analyse und Erstellung eines Gesamtberichts der einzelnen Arbeitsschritte.

Dazu war es erforderlich, den nationalen Partnern genaue Instruktionen an die Hand zu geben. In der qualitativen Studie wurden Fokusgruppeninterviews (FGIs) und Tiefeninterviews (IDIs) bei SeniorInnen (Workpackage 3) und bei ExpertInnen (Workpackage 4) gleichermaßen angewandt.
Die SeniorInnen wurden nach folgenden Kategorien ausgewählt: Wohnort (große Städte, kleinere Städte, Dörfer), Geschlecht, Bildungsniveau, ökonomische und ökologische Lebensbedingungen, Mobilitätsarten. Es wurde darauf geachtet, dass alle Kategorien ausreichend besetzt waren. Insgesamt nahmen 487 SeniorInnen teil (pro Land ca. 25 – 35 SeniorInnen in Fokusgruppen sowie je 25 – 35 in persönlichen Interviews).

Die teilnehmenden ExpertInnen wurden mit der Intention ausgewählt, eine möglichst große Bandbreite von Kompetenzen und Disziplinen abzudecken. Insgesamt waren es 225 ExpertInnen (25 - 35 aus jedem teilnehmenden Land), d.h. ForscherInnen, EntscheidungsträgerInnen und PraktikerInnen, die sich mit allen Aspekten der Mobilität von SeniorInnen beschäftigen: als StadtplanerInnen, Verkehrsingenieure, PsychologInnen, SoziologInnen, SozialarbeiterInnen, KrankenpflegerInnen etc.

**Ergebnisse**

Die qualitativen Analysen der Interviews mit ExpertInnen und SeniorInnen wurden jeweils im Rahmen eines nationalen Berichtes präsentiert. Dieser gliederte sich jeweils in Hauptergebnisse und eine detaillierte Darstellung der einzelnen Ergebnisse sowie eine Darstellung der sich daraus ergebenden Schlussfolgerungen. Auch die Implikationen dieser Ergebnisse für EntscheidungsträgerInnen und PolitikerInnen wurden formuliert.

Der Schlussbericht setzt sich, basierend auf dem Vergleich der nationalen qualitativen Daten, im einzelnen wie folgt zusammen: Hauptergebnisse, personale Perspektiven, soziale und umweltbezogene Perspektiven, politische und juristische Perspektiven, technische Perspektiven, methodischen Betrachtungen, Schlussfolgerungen.

Die bedeutendste Aussage des Ergebnisberichtes ist sicherlich, dass die Problematik der Mobilität von SeniorInnen eine originär *interdisziplinäre* ist. Deshalb erfordert die Erforschung von Mobilitätsproblemen die Anwendung spezieller Forschungsmethoden, die auf die Komplexität, d.h. die verschiedenartigen Aspekte und Dimensionen des Forschungsgegenstandes zugeschnitten sind. Die interdisziplinäre Orientierung gilt auch bei der Anwendung der Erkenntnisse, denn Lösungen für die festgestellten Probleme müssen ebenfalls auf verschiedenen Ebenen gesucht werden. Die in Arbeitsschritt WP3 und WP4 von SIZE verwendeten Methoden haben sich als für eine solche interdisziplinäre Analyse geeignet erwiesen.


Die Realisierung der täglichen Mobilität von SeniorInnen, wie sie in der Studie vorgetragen wurde, ist über die Ländergrenzen hinweg in Struktur und Prozess ähnlich:

Unter anderem betonen Senioren oftms ihre Einbindung in die Sorge um andere ältere Menschen oder Kinder. Wie viele SeniorInnen angaben, ist diese Art von Aktivität eine wichtige Quelle der eigenen Akzeptanz (sich wichtig und nützlich fühlen), und so eine wichtige Quelle der Motivation zur Mobilität. Ältere Menschen brauchen das Gefühl, gebraucht zu werden. Aber auch die aktive Ausübung von Religion spielt bei der Erhaltung der Mobilität eine Rolle.

Was die Motive und Gründe für außerhäusliche Mobilität angeht, hat unsere Studie die Existenz eines Altersstereotyps (für eine Teilgruppe der älteren Menschen) bestätigt, welches von SeniorInnen und ExpertInnen gleichermaßen wahrgenommen und beschrieben wird. Es ist das Bild des älteren Menschen, der jede Art von Aktivität vermeidet. Ein solcher Mensch würde proklamieren, dass Ältere alles Notwendige in ihrer Wohnung vorfinden würden (und deshalb nicht mehr außer Haus gehen müssten). Nach diesem Bild sind ältere Menschen passiv, nehmen nicht aktiv am sozialen Leben teil oder/und sind nicht interessiert an körperlicher Bewegung, was zugleich auch die Berechtigung abgibt, einen Menschen als „alt“ zu bezeichnen. Für ein solches passives Verhalten werden psychologische Gründe wie Depressionen, geringe Motivation, Ängste und Einsamkeit angeführt.

Zusätzlich zu den deskriptiven Ergebnissen dieser Projektphase wurde in einem separaten Arbeitsschritt eine statistisch-quantitative Analyse der Interviewfragebögen durchgeführt und als APPENDIX beigefügt. Die Ergebnisse zeigen u.a., dass die Einschätzung der eigenen Mobilitätsbedingungen mit der Verkehrsmittelwahl, der Siedlungsform (Stadt oder Land) ebenso zusammenhängt wie mit körperlichen Beeinträchtigungen oder Behinderungen.

Des weiteren wurden alle Materialien, die während der Studie benutzt wurden, wie Teilnahmeformular (personal registration form – PRF), der kurze Fragebogen (Five Question Questionnaire), der zur Anregung der Interviews mit SeniorInnen und ExpertInnen benutzt wurde, sowie eine kurze Beschreibung des Forschungsstandes in den jeweiligen teilnehmenden Ländern dem Report angehängt.
RIASSUNTO

Workpackages 3 & 4: Focus-Group Interviste in profondità con anziani ed esperti

Rapporti D5 & D6: Risultati dei Focus-Group e delle Interviste in profondità con anziani ed esperti

Obiettivi

L’obiettivo generale del Workpackage 3 e del Workpackage 4 del progetto SIZE (Progetto di Ricerca dell’Unione Europea - Qualità della vita delle persone anziane in relazione alle condizioni di mobilità) si sintetizza nell’analisi qualitativa delle condizioni attuali di mobilità e trasporto degli anziani negli otto paesi europei che hanno partecipato al progetto.

Lo scopo principale è stato quello di spiegare e descrivere i problemi, i bisogni e i desideri dei diversi gruppi di anziani, così come emersi dal loro punto di vista confrontato con quello degli esperti, e cioè:

1) Quali sono oggi i fattori principali che influenzano le condizioni di mobilità degli anziani in ciascun Paese;
2) In che modo gli anziani fronteggiano l’attuale situazione della mobilità;
3) Che cosa agevola e che cosa limita la mobilità degli anziani nei diversi Paesi;
4) Quali interventi sono necessari per migliorare la situazione;
5) Che cosa impedisce alle misure, pur considerate utili, di essere implementate.

I risultati di WP3 e di WP4 costituiranno la base per produrre gli strumenti quantitativi standardizzati per le successive aree di studio (WP5-WP9), daranno idee per possibili soluzioni per il futuro (WP12) e produrranno input per il report finale (WP13).

Metodologia

Tutti i partner della ricerca (rappresentanti di otto Paesi europei) hanno seguito la stessa metodologia per rendere i risultati confrontabili. Il lavoro all’interno di ogni Work-package è coordinato da un responsabile. I responsabili dei WP hanno dovuto lavorare in stretta collaborazione durante questa fase di ricerca, iniziando dalla programmazione dei piani generali di lavoro e dalla tempistica delle interviste con anziani ed esperti, attraverso l’attuazione delle interviste e l’interpretazione dei risultati, fino all’analisi conclusiva ed al rapporto.

I due diversi piani di lavoro sono stati coordinati e forniti a tutti i partecipanti, insieme ad altra documentazione e strumenti di guida per svolgere il lavoro.

La metodologia generale utilizzata per intervistare gli anziani (Workpackage 3) e gli esperti (Workpackage 4) è stata la stessa e cioè: studi qualitativi per entrambi i gruppi, anziani ed esperti, consistenti in Focus-Group (FGIs) e in Interviste in profondità (IDIs).

I cittadini anziani partecipanti sono stati selezionati con l’intenzione di creare un campione rappresentativo di tutte le categorie: anziani provenienti da grandi città, da piccole città e da paesi; uomini e donne; con diversi livelli di istruzione, vari tipi di attività e di abitazione, che si spostano con varie tipologie di mezzi. In totale, 487 anziani degli 8 Paesi partecipanti (in ogni Paese, 25 - 35 in Focus-Groups e 25 – 35 interviste individuali).
Gli esperti partecipanti sono stati selezionati con l’intenzione di coprire una vasta gamma: il campione totale di 225 esperti (25 - 35 persone per ogni Paese partecipante) comprendeva ricercatori, responsabili delle decisioni e professionisti che hanno affrontato tutti gli aspetti della mobilità degli anziani – urbanisti, architetti, ingesneri del traffico, psicologi, sociologi, lavoratori del sociale, infermieri etc.

**Risultati**

Le analisi qualitative delle interviste degli esperti e degli anziani vengono presentate sotto forma di Report Nazionali. Ogni partner ha descritto i risultati principali e particolari, le conclusioni e le implicazioni degli esitì per i responsabili delle decisioni e per i politici.

Le conclusioni generali della ricerca, basate sul confronto dei dati qualitativi nazionali, consistono in: risultati generali, prospettive personali, sociali/ambientali, tecniche e legislative/politiche, nonché considerazioni tecniche e metodologiche.

La conclusione più interessante è che il problema della mobilità dei cittadini anziani è per sua stessa natura interdisciplinare. Di conseguenza, studiare il problema richiede sia una metodologia specifica di ricerca, che permette di abbracciare questa diversità e complessità, sia soluzioni multidimensionali. Perciò, la metodologia utilizzata in WP3 e WP4 del progetto SIZE, che comprende la combinazione di focus-group, interviste in profondità e questionari, condotti con gruppi specifici di anziani ed esperti, ha dimostrato la sua correttezza. È stato anche evidenziato che le misure da attuare riguardano molti campi diversi.

I risultati hanno evidenziato una considerevole quantità di aspetti in comune tra gli esperti e gli anziani rispetto alla struttura dei problemi della mobilità degli anziani. Gli anziani hanno esposto più problematiche e gli esperti hanno proposto più soluzioni sistematiche. La consapevolezza degli esperti è molto più definita per quanto riguarda le prospettive tecniche e legali della mobilità degli anziani.

La struttura della mobilità quotidiana degli anziani, come messo in evidenza dallo studio, è simile in tutti i paesi. I bisogni basilari nel campo della mobilità riguardano le attività di ogni giorno (shopping, spostamenti, salute), il camminare (per svago, con i bambini, con il cane) e il tempo libero (attività mentali: cinema, teatro, guardare la TV, leggere i libri, ascoltare la radio, giocare a carte, fare giochi al computer, attività artistiche e attività fisiche: ginnastica, scampagnate, giardinaggio). Tra le altre responsabilità, gli anziani spesso sottolineano che per passare il tempo non ci sono molte possibilità. Come molti anziani hanno affermato, questo tipo di attività è un’importante risorsa per autoaccettarsi (per sentirsi importanti e utili), e di conseguenza, uno stimolo importante per sentirsi motivati a spostarsi. Gli anziani hanno bisogno di sentirsi necessari. Anche la religione gioca un ruolo importante nel promuovere la mobilità.

Comunque, per quanto riguarda i motivi e le ragioni che giustificano l’uscire di casa, il nostro studio ha confermato l’esistenza di uno “stereotipo dell’anziano”, con il corrispondente gruppo di persone di età più avanzata che evitano qualsiasi tipo di attività. Tali cittadini anziani di solito affermano che c’è tutto nelle case di riposo. Secondo questa posizione, una persona anziana dovrebbe essere passiva e non partecipare alla vita sociale attivamente e/o non essere interessati all’esercizio fisico. Questo potrebbe avere ragioni psicologiche come depressione, mancanza di motivazione, paure, e solitudine.

L’appendix separata consiste in un’analisi statistica dei questionari dell’intervista, da cui sono stati tratti dati quantificabili. I risultati hanno dimostrato che la valutazione dei requisiti della mobilità è correlata all’uso dei mezzi di trasporto, all’ambiente in cui vive la popolazione (urbano o rurale) come pure alla presenza di diversabilità. Oltre all’analisi statistica, l’appendice presenta tutto il materiale utilizzato durante lo studio, il Modulo Personale di
Registrazione e il Questionario a Cinque Domande, nelle versioni per anziani ed esperti e una breve descrizione dell’approccio della ricerca utilizzato nei vari paesi.
STRESZCZENIE W JĘZYKU POLSKIM

Pakiety zadań WP3 & WP4: Grupowe Wywiady Fokusowe (FGI) i Pogłębione Wywiady Indywidualne (IDI) z seniorami oraz z ekspertami

Wynikowe materiały D5 & D6: Wyniki Fokusowych Wywiadów Grupowych i Pogłębionych Wywiadów Indywidualnych z seniorami oraz z ekspertami

Cele

Podstawowym zamierzeniem badawczym pakietów zadań WP3 i WP4 projektu SIZE było przeprowadzenie analizy jakościowej istniejących warunków mobilności i transportu seniorów z ośmiu krajów europejskich, które uczestniczą w projekcie.

Głównym celem tych zadań było wyjaśnienie i opisanie problemów, potrzeb i życzeń różnych grup osób w starszym wieku z ich własnej perspektywy, z perspektywy ekspertów oraz porównanie tych opinii na temat warunków mobilności seniorów, w następujących punktach:

1) jakie czynniki wpływają na obecne warunki mobilności seniorów w każdym z krajów,
2) jak seniorzy radzą sobie w obecnej sytuacji,
3) co wspomaga a co ogranicza mobilność seniorów w różnych krajach,
4) jakie rozwiązania należałoby wprowadzić, aby poprawić obecną sytuację,
5) co powoduje, że korzystne rozwiązania nie zostały dotychczas wprowadzone.

Wyniki WP3 i WP4 stanowią podstawy materiału dla utworzenia narzędzi do badań ilościowych, obejmujących standardowe miary mobilności seniorów stosowane w kolejnych etapach badań (WP5-WP9), wspomagają wypracowanie przyszłych rozwiązań (WP12), a także stanowić będą istotny wkład przy tworzeniu raportu końcowego (WP13).

Metodologia

Wszyscy naukowi partnerzy projektu (reprezentujący osiem krajów Europy) przyjęli identyczną metodę badawczą, aby możliwe było uzyskanie kompatybilnych wyników. Kierownicy pakietów badawczych byli odpowiedzialni za koordynację prac w ramach odpowiednich pakietów. Niezbędna była ścisła współpraca kierujących WP3 i WP4, począwszy od etapu planowania badań, tworzenia harmonogramów dla badań seniorów i ekspertów, poprzez proces wykonywania wywiadów i interpretacji uzyskanych wyników, aż do fazy analiz oraz opracowania raportu końcowego. Dwa oddzielne plany prac w ramach pakietów WP3 i WP4, po ich skoordynowaniu, zostały przekazane wraz z innymi materiałami pomocniczymi i instrukcjami do wszystkich partnerów.

Dla obydwu pakietów badań WP3 i WP4 zastosowano podobną metodę prowadzenia wywiadów. Jakościowe studia w obydwu grupach, seniorów i ekspertów, obejmowały grupowe wywiady fokusowe (FGI) oraz pogłębione wywiady indywidualne (IDI).

Grupa seniorów uczestniczących w badaniach została wyselekcjonowana w taki sposób, aby stanowiła próbę badawczą obejmującą następujące kategorie: różne miejsca zamieszkania w relacji do dostępności do środków transportu (duże miasta, małe miasta i wsie); kobiety i mężczyźni; zróżnicowany stopień wykształcenia, warunków ekonomicznych; różne stopień ograniczeń mobilności i niepełnosprawności; użytkownicy różnych środków transportu i
poruszania się. W badaniach wzięło udział 487 seniorów z krajów partnerskich (w każdym kraju 25 –35 seniorów w badaniach fokusowych i 25 – 35 w wywiadach indywidualnych).

Grupa ekspertów uczestniczących w badaniach (225 ekspertów łącznie, po 25 – 35 osób w każdym kraju) miała reprezentować jak najszerse spektrum specjalności i kompetencji: naukowcy, decydenci i praktycy zajmujący się wszelkimi aspektami mobilności seniorów – zarówno planowaniem przestrzennym, urbanistyką, inżynierią ruchu i transportu, psychologią, socjologią, pomocą społeczną, medycyną itp.

**Wyniki badań**

Analizę jakościową badań w grupach seniorów i ekspertów przedstawiono w formie krajowych raportów. Dla każdego kraju zestawiono uzyskane wyniki, wnioski oraz zalecenia dla decydentów i twórców przepisów prawnych.

Wnioski ogólne wynikające z porównania krajowych wyników jakościowych obejmowały główne wyniki badań oraz wnioski przedstawione z perspektywy osobowej, socjально-środowiskowej, technicznej i przepisów prawnych, wraz z rozważaniami technologicznymi i metodologicznymi.

Najistotniejszym wnioskiem z badań było potwierdzenie interdyscyplinarnej natury problemu mobilności seniorów. Badanie problemu wymaga zarówno specjalnej metodologii, uwzględniającej wielokierunkowość i kompleksowość problematyki, jak też wielowymiarowych rozwiązań. A zatem, zastosowana metoda w badaniach WP3 i WP4 projektu SIZE, stanowiła kombinację badań fokusowych, pogłębionych wywiadów i badań ankietowych, prowadzonych równolegle w grupach seniorów i ekspertów. Badania wskazały też na to, iż proponowane do zastosowania rozwiązania dotyczą szerokiego zakresu dyscyplin.

Wyniki badań ukazały zgodność opinii seniorów i ekspertów na temat warunków mobilności osób starszych. Seniorzy przedstawili większą ilość zagadnień, a eksperci zaproponowali rozwiązania bardziej systematyczne, w szczególności w odniesieniu do zagadnień technicznych i prawnych.

Badania wykazały, że struktura codzienej mobilności seniorów jest podobna w całej Europie. Mobilność seniorów obejmuje wykonywanie codziennych czynności (zakupy, dbanie o zdrowie, placenie rachunków), poruszanie się pieszo (spacery z dziećmi, z psem, itp.) i rozrywki (umysłowe: kino, teatr, TV, czytanie książek, słuchanie radia, gry w karty oraz fizyczne: gimnastyka, wycieczki, prace w ogrodzie). Pośród innych obowiązków seniorzy podkreślali swe zaangażowanie w opiekę nad innymi starszymi oraz dziećmi. Wielu seniorów stwierdzilo, iż poprzez ten rodzaj aktywności mają wyższą samoоценę (czują się ważni i pożyteczni), co motywuje ich mobilność. Seniorzy chcą być potrzebni. Również aktywność religijna wspomaga mobilność wśród seniorów.

Badania ukazały istniejący w Europie 'stereotyp seniora', jako osoby pasywnej, unikającej jakiejkolwiek aktywności, niechętnie wychodzącej z domu, nie uczestniczącej w życiu społecznym. Psychologicznym wyjaśnieniem takiego stanu mogą być depresje, brak motywacji, obawy i samotność.

Oddzienny załącznik Raportu zawiera ilościowe analizy statystyczne uzyskane metodą ankietową. Wyniki tych analiz wskazują na zależność pomiędzy oceną warunków mobilności a rodzajem używanych środków transportu, miejscem zamieszkania (wieś, miasto) jak również stopniem sprawności fizycznej. W załączniku umieszczono też wszystkie materiały badawcze (kwestionariusz pięciu pytań FQQ i formularze osobowe PRF dla seniorów i ekspertów) oraz krótki opis zastosowanego w krajach partnerskich podejścia badawczego.
RESUMEN EN CASTELLANO

Paquetes de Trabajo 3 y 4: Entrevistas de pequeño grupo (Focus-Group) e invividuales (In-Depth) con personas mayores y expertos

Deliverables D5 y D6: Resultados de las entrevistas Focus-Group e In-Depth con ciudadanos mayores y expertos

Objetivos.

El objetivo general de ambos paquetes de trabajo, 3 (WP3) y 4 (WP4), del proyecto SIZE ha sido el análisis cualitativo de las condiciones de movilidad y transporte actuales de las personas mayores de los 8 países Europeos participantes en el proyecto.

El propósito principal ha sido explicar y describir los problemas, necesidades y deseos de diferentes grupos de personas mayores desde su propia perspectiva comparada con los puntos de vista de los expertos, a saber:
1) Cuáles son los factores básicos que influyen en las condiciones de movilidad de las personas mayores en cada país actualmente.
2) Cómo afrontan las personas mayores las condiciones de movilidad actuales.
3) Qué mejora y que limita la movilidad de las personas mayores en diferentes países.
4) Qué medidas son necesarias para mejorar la situación.
5) Qué impide que medidas que han sido consideradas útiles lleguen a aplicarse.

El resultado de los WP3 y WP4 constituirá una base de datos para producir los instrumentos normalizados cuantitativos para las siguientes áreas de estudio (WP5-WP9), ofrecerán ideas para futuras soluciones (WP12) y proporcionarán argumentos para el informe final (WP13).

Metodología.

Todos los miembros investigadores del proyecto (representando a ocho países europeos) han seguido la misma metodología, al objeto de que los resultados fueran comparables. Los líderes de los dos paquetes de trabajo involucrados fueron responsables de la coordinación del trabajo dentro de sus respectivos paquetes. Ambos han trabajado en estrecha coordinación durante esta fase de la investigación, comenzando por la elaboración de los planes generales de trabajo y distribución de tiempos y plazos para la realización de las entrevistas a personas mayores y a expertos, siguiendo con el proceso de realización de las entrevistas e interpretación de los resultados, hasta llegar al análisis e informe finales. Los dos planes de trabajo independientes fueron coordinados y entregados a todos los socios participantes, juntamente con otros documentos de ayuda e instrucciones para llevar a cabo las entrevistas en cada estado participante.

La metodología general de entrevista tanto con personas mayores (WP3) como con expertos (WP4) ha sido la misma: estudios cualitativos para ambos grupos, seniors y experts, consistentes en entrevistas de grupo Focus-Group (FGI) e individuales (IDI).

Las personas “mayores” participantes fueron seleccionadas con el propósito de obtener una muestra de las principales categorías: personas mayores procedentes de grandes ciudades, pequeñas ciudades y pueblos; hombres y mujeres; de varios niveles educativos, diversos clases de actividades económicas y formas de residencia, usuarios de diferentes modalidades y formas de transporte. En total participaron 487 personas mayores procedentes de los ocho estados europeos (25-35 en focus-grup y 25-35 en entrevistas individuales, por estado).
Los expertos participantes fueron seleccionados con la idea de cubrir un amplio espectro; la muestra total de 225 expertos (25-35 personas en cada país participante) incluyó: investigadores, tomadores de decisiones y técnicos relacionados con distintos aspectos de la movilidad de las personas mayores-planificadores urbanos, ingenieros del tráfico, psicólogos, sociólogos, trabajadores sociales, enfermeras, etcétera.

**Resultados.**

El análisis cualitativo de las entrevistas a expertos y a personas mayores se presenta en forma de informes nacionales. Cada miembro del consorcio describió los hallazgos principales y detallados, conclusiones e implicaciones de los hallazgos para autoridades que deben tomar decisiones y políticos.

Las conclusiones generales basadas en la comparación de datos cualitativos nacionales consta de resultados generales, perspectiva personal, perspectiva ambiental o social, perspectiva técnica, perspectiva legal o normativa, y consideraciones técnicas y metodológicas.

La conclusión más significativa es que el problema de la movilidad de las personas mayores es de naturaleza interdisciplinaria. En consecuencia, el estudio del problema requiere ambas: metodología específica de investigación, que nos permita tratar esta diversidad y complejidad, así como soluciones multinacionales. Por lo tanto, la metodología utilizada en WP3 y WP4 del proyecto SIZE, incluyendo una combinación de entrevistas focus-group, entrevistas individuales en profundidad y cuestionarios, llevada a cabo con los grupos objetivo de expertos y personas mayores, demostraron ser exitosas. También se ha revelado que las medidas a implementar afectan a áreas muy diversas.

Los resultados revelaron un razonable acuerdo entre expertos y personas mayores respecto a las estructuras de los problemas de movilidad de las personas mayores. Las personas mayores propusieron más temas y los expertos propusieron medidas más sistemáticas. El conocimiento de los expertos es mucho más claro en relación con las perspectivas técnicas y legales sobre la movilidad de las personas mayores.

La estructura de la movilidad cotidiana de las personas mayores tal y como se revela en este estudio, es semejante entre los distintos estados europeos estudiados. Las necesidades básicas en el terreno de la movilidad incluyen actividades diarias (comprar, pasear, cuidados de salud), caminar (por entretenimiento, con los niños, el perro) y ocio (actividades mentales: cine, teatro, mirar televisión, lectura de libros, escuchar la radio, jugar a las cartas, Internet, actividades artísticas y actividades físicas: gimnasia, salidas al campo, tareas de jardín). Entre otras responsabilidades, las personas mayores a menudo remarcaron su implicación en los cuidados a otras personas mayores o niños. Tal y como muchas personas mayores afirmaron, este tipo de actividad es una fuente importante de auto aceptación (sentimiento de ser importante y útil), y por lo tanto, una fuente importante de motivación para la movilidad. Los mayores necesitan sentirse útiles. La religión también juega un papel como factor favorecedor de la movilidad.

Sin embargo, en cuanto los motivos o razones para salir, nuestro estudio confirma la existencia del "estereotipo de la persona mayor", con el correspondiente grupo de personas mayores que evitan cualquier tipo de actividad. Tales personas mayores generalmente aducen que lo tienen todo en sus casas. De acuerdo con esto, se supone que una persona mayor debe ser pasiva y no participar en la vida social activamente y/o no estar interesada en el ejercicio físico. Esto se puede deber a razones psicológicas tales como la depresión, falta de motivación, miedos y soledad.
En el anexo se encuentran los análisis estadísticos de los cuestionarios de las entrevistas de los que proceden los datos cuantificables. Los resultados muestran que la evaluación de las precondiciones de movilidad se relaciona con el modo de transporte usado, con el ambiente poblacional (urbano versus rural), así como con el status de discapacitado o no. Aparte del análisis estadístico el anexo contiene todo el material usado durante el estudio, la hoja de registro personal (PRF) y el cuestionario de cinco preguntas (FQQ), en versiones para personas mayores y para expertos, y una breve descripción de la aproximación investigadora en los ocho Estados Europeos estudiados.
SAMMANFATTNING PÅ SVENSKA

Workpackages 3 & 4: Intervjuer med fokusgrupper och djupintervjuer med äldre och experter

Deliverables D5 & D6: Resultat av intervjuer med fokusgrupper och djupintervjuer med äldre och experter

Mål

Målet med Workpackage 3 (WP 3) och Workpackage 4 (WP 4) inom projektet SIZE var att göra en kvalitativ analys av äldres rörlighet och deras transportsituation i nuläget i de åtta europeiska länder som deltog i projektet.

Det huvudsakliga målet var att förklara och beskriva de äldres problem, behov och önskemål sedda utifrån deras eget perspektiv och jämföra dessa med experternas synpunkter enligt följande:

1) Vilka grundläggande faktorer påverkar villkoren för äldres rörlighet i de olika länderna idag?
2) Hur klarar äldre rörligheten i dagens situation?
3) Vad ökar respektive begränsar äldres rörlighet i de olika länderna?
4) Vilka åtgärder behövs för att förbättra situationen?
5) Varför genomförs inte åtgärder som anses lämpliga för äldre i större utsträckning?

Resultaten av WP3 och WP4 kommer att ligga till grund för att ta fram kvantitativa och standardiserade instrument för de områden som står i tur att studeras (WP5-WP9), ge uppslag till lösningar i framtiden (WP12) samt förse oss med data för slutrapporten (WP13).

Metoder

Samtliga deltagare i forskningsprojektet (representerande åtta europeiska länder) arbetade enligt samma metoder för att resultaten skulle bli jämförbara. Ledarna för Workpackage var ansvariga för samordningen av arbetet inom de olika work-packages. Det var nödvändigt för WP-ledarna att ha ett nära samarbete under denna del av forskningsprojektet, alltifrån fastställandet av allmänna arbetsplaner och tidsramar för intervjuerna med äldre och med experter, via intervjuerna och arbetet med att tolka samtliga resultat och fram till den slutliga analysen och avrapporteringen. De två olika arbetsplanerna samordnades och distribuerades till alla deltagarna i projektet tillsammans med andra stöddokument och instruktioner.

Samma metoder användes för att intervjuar äldre (Workpackage 3) och experter (Workpackage 4), nämligen: kvalitativa studier för bågge grupperna i form av intervjuer med fokusgrupper (FGIs) och djupintervjuer (IDIs).

De äldre deltagarna valdes ut i syfte att skapa ett urval omfattande alla kategorier: äldre i storstäd, mindre städer respektive äldre på landsbygden; män och kvinnor; äldre representerande olika utbildningsnivåer, olika grader av ekonomiska förutsättningar; olika boende samt olika typer av färddelar. Inalles var det 487 äldre från åtta olika länder som deltog (25 – 35 personer i fokusgrupper och 25 – 35 individuella intervjuer från varje land).
SIZE Deliverables D5 & D6


Resultat

De kvalitativa analyserna av intervjuerna med experter och äldre presenteras i form av nationella rapporter. Varje deltagande land har där beskrivit resultaten, både i stora drag och mera ingående, samt slutsatserna och de konsekvenser resultaten får för beslutsfattare och policymakers.

Jämförelserna mellan nationella kvalitativa data gör det möjligt för oss att dra följande allmänna slutsatser: allmänna resultat, personliga perspektiv, sociala och miljömässiga perspektiv, tekniska perspektiv, juridiska och polisiära perspektiv samt tekniska och metodologiska överväganden.

Den viktigaste slutsatsen är att det problem som äldres rörlighet utgör är interdisciplinärt till sin natur. För att studera detta krävs följaktligen inte bara specifika forskningsmetoder som gör det möjligt att dra nytta av denna mångfald och komplexitet utan också multidimensionella lösningar. De metoder som tillämpades i WP3 och WP4 i SIZE-projektet, d.v.s. en kombination av intervjuer med fokusgrupper, djupintervjuer och enkäter med experter och äldre som målgrupper, visade sig vara framgångsrika. Det har också framkommit att de åtgärder som kan förväntas bli vidtagna berör många olika områden.

Resultaten uppvisade en betydande överensstämmelse mellan experterna och de äldre med avseende på hur äldres rörlighetsproblem är strukturerade. De äldre tog dock upp ett större antal frågeställningar, medan experterna föreslog fler systematiska åtgärder. Experterna visar sig vara mycket medvetna om de tekniska och juridiska perspektiven på äldres rörlighet.

Den struktur för äldres rörlighet i vardagslivet som framkommer i studien är likartad i de åtta länderna. De grundläggande behoven inom rörlighetsområdet omfattar dagliga aktiviteter (inköp, ärenden, sjukvård), promenader (för nöjes skull, med barn, med hunden) och fritiden (mentala aktiviteter som att gå på bio och teater, titta på TV, läsa böcker, spela kort, spela dataspel; konstnärliga och fysiska aktiviteter som gymnastik, utflykter till landsbygden, trädgårdssarbete). De äldre understöd fört att de hade ansvar för att ta hand om andra äldre personer eller barn. Många äldre påpekade att sådana aktiviteter ger självkänsla (känna sig betydelsefull och nyttig) och följaktligen bidrar starkt till att skapa motivation att röra sig. Äldre personer behöver känna sig behörda. Religionen spelar också en roll när det gäller att öka rörligheten.

Vår undersökning bekräftar emellertid också den klichéartade bild som finns om äldre, nämligen att äldre undviker all slags aktivitet. Sådana grupper fanns också i vår studie. Dessa äldre hävdar vanligtvis att allt de behöver finns på äldreboendet / ålderdomshemmet. Enligt detta synsätt förväntas äldre vara passiva och inte delta aktivt i det sociala livet och/eller vara intresserade av fysisk motion. Detta kan ha psykologiska orsaker, t.ex. depression, brist på motivation, ängslan och ensamhet.

Resultaten visar att utvärderingen av villkoren för rörlighet är kopplat till vilket transportmedel man använder, till boendemiljön (stad eller landsbygd) samt till om man har någon funktionsnedsättning eller ej. Förutom den statistiska analysen innehåller Appendix allt det material som används i undersökningen, registreringsblanketten (the Personal Registration Form) och Enkäten med fem frågor (the Five Question Questionnaire), de olika
versionerna för äldre och experter samt en kort beskrivning av forskningsansatsen i de deltagande länderna.
EXECUTIVE SUMMARY: RESULTS OF FOCUS-GROUP AND IN-DEPTH INTERVIEWS WITH SENIOR CITIZENS AND EXPERTS

A non-random sample of 487 senior citizen (people aged 65 or more) and 225 experts from eight European countries volunteered to this study, with the main objective of finding out and compare the opinions of decision-makers, experts and senior citizen, regarding the needs and wishes for mobility and quality of life of different groups of senior citizen.

The senior citizen characterisation was:
- By sex: 370 female and 180 male.
- By age group: 253 were between 65 and 74 years old; 200 between 75 and 84; and 34 aged more than 85.
- By living area: 51% of respondents belonged to urban living areas; 35% to a suburban area, and 14% to a rural area.
- By living conditions: 73% were living in their own houses, 19% in a geriatric or nursing home, and 8% at their children’s home.

The experts' profile:
- Decision makers, civil engineers, road and transport designers, urban planners, etc..

Participants were all interviewed with the help of Focus-Group and individual interview techniques. Additionally, a registration sheet form was provided in order to gather some personal and other relevant information.

The resulting information will be used to build up a standardised questionnaire as a basic instrument to undertake a planned quantitative study in the frame of the SIZE project.

Main findings

Question 1.- What do you think about the older people’s mobility conditions today

The structure of everyday mobility of seniors, as revealed by the study, is similar across the countries. Basic needs in the mobility domain include daily activities (shopping, running errands, health care), walking (for fun, with children, the dog), leisure and religious services. It is important to notice that among other responsibilities, seniors often emphasised their involvement in taking care of other elderly or children. This type of activity is an important source of self-acceptance and also a source of motivation for mobility.

Our study confirmed the existence of the ‘old person stereotype’, with the corresponding groups of elders avoiding any sort of activity. This might have psychological reasons such as depression, lack of motivation, fears, and loneliness.

The elderly are seen as a heterogeneous group. The "younger" elderly up to 70 years or so usually have fewer problems than those at a higher age, or no problems at all. For all of the elderly citizens, however, and especially for the weaker and disabled among them, the preconditions to be mobile are connected to aspects of life quality: Fulfilment of basic needs, independence, comfort, social contacts, etc. And all of them want to remain mobile.
Mobility conditions for older adults are considered good in urban areas but they seem to be very poor in rural areas. Nevertheless living in a rural area, despite of a poorer infrastructure, may offer to senior citizens the possibility of a better social control in the positive sense.

**Question 2.- How do senior citizens cope with their current mobility conditions**

There is a lack of well-organised public representation of senior citizens. Nevertheless, their mobility problems are to some extent taken care of by various associations for disabled people in public life.

Housing and financial conditions sometimes contribute to sharpen isolation problems. There is a common claim both from experts and from elderly citizens that “mobility begins at home”. This situation for seniors is complicated by the fact that higher age groups of seniors belong to the economically poorest groups in society.

Members of a group of experts listed different types of coping behaviour of elderly road users:

1. Realising that an "intelligent mix" of different kinds of mobility is possible
2. Pragmatic, more rational than emotional use of transportation means
3. Compensatory behaviour on the individual level (i.e. compensating losses in abilities)
4. Forming new social support systems (for instance in the neighbourhood)
5. Moving from sites with poor infrastructure to cities with better infrastructure (cities)
6. Reduction of "unnecessary" mobility
7. Asking for more transportation systems “by demand”

**Question 3.- What enhances the mobility of senior citizens**

Most of the experts interviewed took primarily up technical aspects, they focused more on technical solutions than on society’s attitudes towards the elderly (in opposition to the senior citizens’ samples).

While technological and economic improvements depend on the country resources, senior citizens have stated across all the countries in the project that society’s awareness and better understanding and respect of older people is a common basis to enhance older people's mobility.

The importance attributed to a free-travel pass in some countries should be noted. Such access allows independence and autonomy at a time when physical deterioration can begin to appear. Its use enhances social support and may reduce health costs considerably.

**Question 4.- What limits the mobility of senior citizens**

There are different types of barriers constituting problems for seniors. Physical barriers can be found everywhere - in the streets, in vehicles of public transport, in public buildings. Typical destinations for seniors are often not in easily accessible places.

The channels through which information arrives or can be acquired also represent a major problem as revealed by the current study. If seniors are not aware of their rights and opportunities they cannot benefit (e.g., special offers, specific public regulations, etc.).
Moreover, seniors meet barriers in form of excessive bureaucracy, indolence, inflexibility and unwillingness of public employees.

Older people that we interviewed also put a strong and unexpected emphasis on social factors of outdoor mobility. For instance, one important factor impeding senior citizens’ mobility is fear. The structure of seniors’ fears is quite stable. Fear of an accident, fear for one's personal security especially by night, fear of being clamped by the crowd, etc.

A separate class of fears is connected with overcrowded buses, or fear of being pushed around when trying to get on a bus during peak times. Also fear of cyclists is sometimes mentioned.

A hesitant attitude towards novelty and new technologies and devices is also important. Another class of fears is more directly connected to the decreased seniors’ stamina and health problems. Fear of falling and injury, but also fear for lack of toilet in public places, or a generalised fear that “something might happen”, are in some cases accompanied by a fear of lack of help from observers. Some experts emphasised that seniors’ safety in the streets might be negatively affected by unrealistic assessment of their own abilities and capacities, and by tendencies to target unrealistic goals.

Elderly drivers feel that some people are prejudiced against their driving. Other road users, but especially those by car, do not have enough understanding for the elderly, when they are moving and acting more slowly and more cautiously. This causes risks and stress for elderly car drivers; however this holds true for all elderly road users generally, and especially when they walk and cycle.

Car traffic is often too fast for elderly car drivers, but more so for vulnerable road users at higher age, for instance when they want to cross the road.

Along the same lines it is necessary to pay attention to complaints from the elderly about being "mistreated" by other social groups, not only as drivers or pedestrians but also as public transport users and in their dealings with public institutions.

The senior citizens in the interviews partly blamed themselves for their own attitudes of inactivity and rigidity, and for sometimes being too inhibited to solve their mobility problems.

One striking aspect is their negative attitude towards local and state representation. It seems that it would be very difficult to facilitate senior citizens’ public activity without changing this negative perception.

**Question 5. - What measures are necessary to improve the situation**

Senior citizens have stated two tendencies:

1) Some of them seem to be resigned to accepting existing environmental conditions thinking that these are out of their control.

2) At the same time, they stress the importance of educational and self-educational measures that would modify societal attitudes and help the elderly to cope with organisational measures and lobbying.

Experts focus on practical and technical measures but underline that lobbying is the most important area to be considered in the future.

The proposals for improvements of both seniors and experts concern mostly improvement of traffic layout, removing barriers and increasing safety and comfort of pedestrians, cyclist, public transport users and drivers. Changes in physical planning are asked for, and improved social services that would allow less mobile persons to live decorously.
Colonisation of rural areas should be reduced. Seniors often see advantages of a life in the cities. So it seems to be reasonable to build up urban structures fitting to the needs and wishes of senior citizens.

**Question 6.- What prevents measures considered useful from being implemented**

Measures for the elderly are often considered as being expensive by public institutions and decision makers. However, the costs aspect is often exaggerated, because they neither have nor are a strong lobby group that is able to put the responsible representatives of the authorities under pressure and make them send the necessary money.

According to the experts, decision makers, planners and practitioners who are usually car drivers have difficulties in seeing the world of mobility from the perspective of those people who use other modes or who use the existing transport facilities in a different way from them. There is a disappointing lack of understanding.

Seniors consider that their own loss of financial power, the frequent physical or mental limits linked to age, combined to the belief that pedestrians – a lot of whom are older people - are second class road users, gives them a low status and few possibilities to become a strong lobby group.

Regarding the issue of the seniors' defending their own "mobility rights", we find problems on at least two levels. Firstly, at the organisation level, it is difficult to find people capable of becoming suitable leaders. Also, seniors are often difficult to motivate to engage in activities. Thirdly, up to the present experience puts in doubt the independence of the seniors' advisory organisations, more often they are political lobby groups trying to present the responsible decision makers activities under a favourable perspective.

It is considered that legal preconditions that would enhance the mobility needs of seniors poor because these needs are not recognised, partly due to lack of the scientific studies. At the same time there are no powerful organisations that are able to insist effectively on achieving appropriate regulations. Moreover, such insistence should be accompanied by the argument that most measures to the advantage of the elderly also make the life of many other people and groups easier.

Rural area problems, as well, seem to be denied by experts who are usually focused on the urban infrastructure.

**Implication of these findings for decision- or policy making**

Financing lobby groups possibly connected to some sort of quality assurance of their lobby work would be a good way to enhance the implementation of useful measures. According to the interview results, if we want to promote the mobility of the elderly, we, have:

- Firstly, to the scrutinise the empathy and readiness of our society
- Secondly, to provide more information, assistance and services that support mobility in old age for the senior citizens themselves.
- Thirdly, to set different kinds of measures that reduce the complexity of modern traffic environment.

Public/state intervention is possible, or even necessary, in connection with the development and expression of attitudes. For instance, to propagate negative attitudes via commercials ("ageism") should be prohibited effectively. At the same time, propagating fair attitudes should be included into the state social policy.
The political systems have to take care of the financial situation of the elderly. Poverty in old age is one of the most compact barriers against mobility. At the same time, quite a few elderly citizens are rather wealthy and a new and important market segment is developing.

For older adults, increased presence of personnel in public spaces and in public transport would be helpful. By many interviewees, especially among the older people themselves, it is considered one of the best remedies against fear, disorientation and helplessness.

The introduction of free-travel pass throughout EU countries would be a desirable development given that public transport companies in Europe obtain important governmental funding for this.

A deeper understanding of the limitations and needs affecting groups such as the elderly should be included in the training of technical experts and people responsible for the older people's mobility. This training should be carefully prepared and studied by different professional associations and university departments.

The elderly population is very varied. This may explain why neither the experts, nor the general public, nor the elderly themselves can clearly identify their limits and needs. This ignorance undoubtedly contributes to the general public's lack of awareness of this problem.

It is necessary to educate the general public in order to change at least the stereotypical notion that only handicapped people in wheelchairs benefit from plans that improve accessibility and mobility conditions.

Given the fact that taxis and other modified vehicles are needed by the elderly and offer many advantages for elderly travelling, the possibility of subsidies for the elderly should be considered.

The attitude that senior drivers are a problem and, therefore, they should stop driving is widespread. However, to keep their driving licences as long as possible is very useful for the elderly, specially in rural areas. Without starting a longer discussion on this at this place it can be said that there may be some problems with elderly persons' aptitude to drive cars, but there is also a considerable degree of compensatory behaviour in the positive sense: Seniors residing in rural areas use the car more often than seniors in urban areas, driving in dense city traffic is not that usual; elderly drivers often follow short and fixed driving routes and schedules in their area, peak hours and bad-weather conditions are usually avoided.

**Recommendations for future research**

Mobility is also an emotional need, a value of its own. The problem of mobility in older age should not be discussed solely under a technical and/or a social perspectives, but also under the perspectives of human behaviour as being emotionally directed. Being happy with certain preconditions – which is of course part of a good life quality according to all that we have learned - means that more use is made of the possibilities that these preconditions provide and vice versa. The argument that providing good mobility preconditions keeps the elderly mobile for a longer period is, from a psychological point of view, a logical outcome of this. The consequence is that health costs are reduced and at this stage arguments to invest money into elderly people's mobility preconditions become quite powerful: They would help to increase life quality of a rapidly growing portion of the population, and they would probably relieve the pressure on the help budget.

One aspect that should be taken up in the future is reflected by gender differences. Further research is necessary in order to understand their consequences:
For instance, elderly women are:

- Frequently socially engaged (they need to be mobile for these reasons);
- More experienced in the use of different means/modes of mobility;
- Consequently, more flexible in their choice of means of transport;
- More open for traffic-safety measures;
- More active in social nets.

Another suggestion for future work was that two different types of experts were suggested to be included to a much larger extent in future studies, namely experts from older adult organisations, and experts from traffic and planning groups, in order to ascertain if differences exist in their perception of the needs of older adults.
I. INTRODUCTION

The main aim of the Workpackages 3 & 4

The general objective of workpackage 3 (WP3) and workpackage 4 (WP4) of the project SIZE was the qualitative analysis of the view on the present mobility and transport situation of elderly citizens (“seniors”)\(^1\) from the eight European countries that participated in the project SIZE, as pronounced by the seniors themselves, and by experts that in some way deal with elderly citizens and mobility in combination.

The main goal was to explain and describe the problems, needs and wishes of different groups of senior citizens from their own perspective compared to the experts’ points of view, namely:

- What are the basic factors influencing the elderly citizens’ mobility conditions in each country today?
- How do senior citizens cope with the present mobility situation?
- What enhances and what limits the mobility of senior citizens in different countries?
- Which measures are necessary to improve the situation?
- What prevents measures that are considered useful from being implemented?

The results of WP3 and WP4, together with the state-of-the-art analysis that we have carried out earlier, constitute the basis for questions included in the quantitative, standardised instruments (WP5-WP9).

Later on, as far as this is discussed and shown in literature, and as far as involved persons – both seniors and experts – refer to this spontaneously in the qualitative parts of our work (Focus-Group interviews FGI and In-Depth Interviews IDI), we will analyse in which respect the prevailing mobility conditions of senior citizens affect their Quality of Life (QoL). This will be done in combination with the interpretation of the results of the standardised questionnaire procedures, involving experts and seniors, as well.

In this report, we shortly present the consortium members of SIZE who co-operated in these two work-packages involving the qualitative procedures FGI and IDI. Then, we will refer to the methodology and to the procedures applied when carrying out the interviews. This includes a short description of the methods, basic information about recruitment of interviewees, and a list of the main questions that should be dealt with in the interviews, both FGI and IDI. Then we give some information about how the answers given in the interviews have been analysed in the participant countries. Thereafter follows the kernel content of this report, namely the comprehensive description of the interview results in the different countries, per country, starting with Austria and ending with Spain. In this report, as the next step after that, we try to summarise the contents that we have received that can be considered as relevant in all participating countries, and to point out aspects that have been taken up in some countries, but not in other ones. The relationship between mobility preconditions and quality of life is analysed.

---

\(^1\) In the following text, "elderly citizens", "seniors", "senior citizens", "older people", "elderly people", "older adults", "aged", are used as synonyms that refer to persons of an age of 65 and more, with the exception of the Czech Republic, where also pensioners between 60 and 65 years were included.
Finally in the Appendix comes a statistical analysis of the questionnaires that have been filled-in by the interviewees in connection with FGI and IDI, in order to give some information about our sample, both with respect to sociodemographic, to mobility, and to some selected attitude characteristics.

A further analysis of the results of the qualitative interviews will follow after the standardised interviews that constitute the next working step for empirical data collection after the FGI and IDI. Then, the State-of-the-art results (WP2) and the data received both with the help of qualitative and quantitative methods will be compared to each others and integrated. When doing this integration work, we will make intensive use of the results of the heuristic procedures applied in SIZE, as well; the workshops, that have the function to make experts external to SIZE discuss all types of results and interpretation of the literature and empirical work done in SIZE with the SIZE consortium.

A first discussion of this type has already been carried out in the SIZE workshop in Brno in February this year (2004), where the State-of-the-art and the – at that time preliminary – results of the FGI and IDI where presented and discussed. The next discussion of this type, where mainly the results of the standardised interviews will be presented, is planned for the next workshop (Workshop III) in April 2005 in Lund (Sweden). There, the results of the qualitative studies presented here, will be used as a pool of arguments and perspectives that can be used to interpret the results of the standardised interviews.

Finally, the answers we received in the FGI and in the IDI will be a kind of glue for the final report of SIZE: Together with the State-of-the-art results they can be seen as materials that generate hypotheses, which are tested with the help of the quantitative procedures. The results of this test of hypotheses we interpret, and our interpretation is discussed in the workshop in Lund. On the basis of this, solutions for certain problems are developed in an extra workpackage, and they will be the main result of SIZE, unthinkable without the qualitative work presented here.

**Responsible authors of this deliverable**

There are two co-ordinating authors responsible for this deliverable, who were leading the Work-packages WP3 and WP4 described in this report:

Dr Lidia Żakowska, Cracow University of Technology, Department of Architecture, Poland (WP3 leader).

Dr Hector Monterde i Bort, Psychonomy Research Unit, Facultat de Psicologia, Universitat de València, Spain (WP4 leader).
Part III of this deliverable consists of national reports, prepared by the following authors:

<table>
<thead>
<tr>
<th>Partner number</th>
<th>Research coordinator of the partner responsible for the national report</th>
<th>Researchers involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Dr. Ralf Risser&lt;br&gt;FACTUM OHG, Verkehrs- und Sozialanalysen, Wien, Austria</td>
<td>Dara Fischer</td>
</tr>
<tr>
<td>3</td>
<td>Prof. Dr. Heinz Jürgen Kaiser&lt;br&gt;Institut für Psychogerontologie Universität Erlangen – Nürnberg Erlangen, Germany</td>
<td>Dipl.-Päd. Bertram Kraus</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Donncha O’Cinneide&lt;br&gt;National University of Ireland Traffic Research Unit Cork and Counselling &amp; Health Studies Unit Cork, Ireland</td>
<td>Ciara Staunton</td>
</tr>
<tr>
<td>5</td>
<td>Prof. Arch. Lucia Martincigh&lt;br&gt;Di.P.S.A. – UNIROMATRE Roma, Italy</td>
<td>Dr Barbara Summo&lt;br&gt;Arch Massimiliano Minarelli&lt;br&gt;Arch Roberta Romano&lt;br&gt;Dr Mariantonia Angiò</td>
</tr>
<tr>
<td>6</td>
<td>Prof. Agneta Ståhl&lt;br&gt;Lund University Department of Technology and Society Lund, Sweden</td>
<td>Prof. Agneta Ståhl&lt;br&gt;Dr. Monica Berntman</td>
</tr>
<tr>
<td>7</td>
<td>Dr Lidia Żakowska&lt;br&gt;Cracow University of Technology Department of Architecture Kraków, Poland</td>
<td>Dr Aleksandra Słabosz&lt;br&gt;Dr Błażej Szymura&lt;br&gt;Drs Monika Kubiak</td>
</tr>
<tr>
<td>8</td>
<td>PhD. Doc. Karel Schmeidler&lt;br&gt;Centrum Dopravního Výzkumu (CDV) – Transport Research Centre, Brno Brno, Czech Republic</td>
<td>Dr Pavlina Skladana</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Hector Monterde i Bort&lt;br&gt;Psychonomy Research Unit Facultat de Psicologia Universitat De València, Spain</td>
<td>Dr Diego Moreno Ribas</td>
</tr>
</tbody>
</table>
II. GENERAL METHODOLOGY

All research partners (partners no 2-9) followed the same methodology in order to make the results comparable between countries, as far as this is possible for qualitative/semantic analyses. The work-package leaders (partner 7 for WP3 and partner 9 for WP4) were responsible for the co-ordination of the work within the respective work-packages. The WP leaders had to work closely together during the whole year, starting from the building of the general work-plans and time-schedules of interviews with seniors and experts, throughout the process of interviewing and interpreting all results, until the final analysis and reporting. The two separate work-plans had been co-ordinated, built in March and April 2003 and delivered to the representatives of the countries involved in SIZE at the beginning of May 2003, together with the instructions.

The general methodology of interviewing senior citizens (WP3) and experts (WP4) was the same, namely: Focus-Group Interviews (FGIs) and In-Depth Interviews (IDIs) were carried out. The same group of experts participated in both FGIs and IDIs. The IDI for the experts were occasions to elaborate on specific topics mentioned during the previous FGI interviews. We assumed that experts’ opinions would be well founded (i.e., no spontaneous attitude but a rather well reflected one on their side) and the IDIs would indeed be an elaboration of the rather cursory statements that they could make in the frame of FGIs. However, two different groups of seniors were selected for FGIs and for IDIs. The simple reason was that this was an easy way to involve a higher number of respondents.

The other differences between WP3 and WP4 were more detailed instructions for the seniors, additional sub-questions for individual interviews with the seniors, and more time for each task. The whole procedure of interviewing was explained in work-plans for WP3 and WP4, then discussed and agreed by all partners. Each representative of the countries involved in SIZE would then prepare the whole documentation and instructions in his national language according to the same plan. All partners were obliged to keep the time-schedule and to send their national reports to the work-package leaders. Finally, instead of having two deliverables, as originally planned, the final reports for WP3 and WP4 were built as one document, according to a plan elaborated by both WP leaders. This would allow a more comprehensive view on the result, especially as far as the registration and understanding of differences in the opinions and statements is concerned.

QUALITATIVE INTERVIEWS WITH SENIORS AND EXPERTS – WP3 & WP4

The general methodology was described in the work-plans: “Work-plan for qualitative interviews with senior citizens (WP3)” and “Work-plan for qualitative interviews with experts (WP4)”.

The Focus-Group Interviews (FGIs) with seniors included between 25 and 35 persons of age 65+ (at least 3 FGIs with 8-12 participants) in each participating country and 25 to 35 experts (at least 3 FGIs).

The In-Depth Interviews (IDIs): included between 25 and 35 persons of the same characteristics in each participating country.
No selection quota were followed, however, it was desirable to have:

a) representatives of both genders,

b) with physical handicaps or restrictions,

c) representatives of all types of modes of transport (pedestrians, car drivers, public transport users, cyclists),

d) and to a certain degree representatives of different settlement types:
   - participants from core-cities with well-developed infrastructure,
   - participants from suburban settlements (middle-sized towns, satellite rings in scope of the core cities or centres, etc.), without full accessibility to local transport-systems, and
   - participants from rural areas with limited public local transport.

As far as the experts are concerned, some additional pieces of information have to be summarised here:

Experts were professionals from one or more of the following societal sectors:

- Professionals and staff from institutions dealing with traffic and design of thoroughfares
- Representatives of institutions dealing with traffic and access planning (town council, traffic police...)
- Experts on: traffic, senior citizens and physical handicaps or restrictions, from different political parties, trade unions and other associations.

According to the project proposal, several issues should be dealt with in SIZE: Satisfaction with the present mobility situation, strong points and shortcomings, possible problem solutions, and barriers to implementation of improvements. The work-package teams formulated the following questions that, according to their view, should result in answers that allow to deal with these SIZE issues appropriately:

**Questions**

Initial question: What do you think about the elderly citizens’ mobility conditions today?

1 -How do senior citizens cope with the present mobility situation?

2 -What enhances the mobility of senior citizens?

3 -What limits the mobility of senior citizens?

4 -Which measures are necessary to improve the situation?

5 -What prevents measures that are considered useful from being implemented?

As we said above, the same experts who took part in a FGI were also interviewed in the frame of the IDIs, as we wanted detailed descriptions and arguments concerning their expert-view on practice. To achieve this, during the IDIs with experts the same FGI questions were posed again and the experts were asked to elaborate in detail on every topic (“In the FGI where you took part you talked about these questions: [the questions]. Now could you elaborate on this? Let’s start with the first question [the question 1]”). Participants

---

2 According to B. Kraus’ and H.J. Kaiser’s suggestions, simplified recruitment criteria are more relevant here, considering differences between participating countries.

3 The feasibility of the measures proposed during this phase (qualitative interviews) will be tackled in the standardized interviews.
were given at least 10 minutes to elaborate on every topic. The methodological aim of this procedure has been to reach, step by step, a growing density of contents by giving the respondents the possibility to differentiate and broaden the scope of their arguments.

**Seniors In-depth interview sub-questions**

After the Focus-Group Interviews with the seniors were conducted the following list of sub-questions was compiled to complement and direct the basic questions in the in-depth interviews.

1. **What do you think about the elderly citizens’ mobility conditions today?**
   1a. What typical changes occur during the ageing process?
   1b. What are the most frequent reasons for going out for elderly?
   1c. What influence has the financial situation on the mobility of older people?
   1d. What is the attitude of society towards older people?
   1e. What threats are elderly afraid of?

2. **How do senior citizens cope with the present mobility situation?**
   2a. How do elderly care for their physical condition and good mood?
   2b. How do they organise transport in short and long distances?
   2c. What kind of help do they benefit of?
   2d. How do they spend their free time?
   2e. Why some seniors do without outdoor activities?

3.1 **What enhances the mobility of senior citizens?**
3.2 **What limits the mobility of senior citizens?**
   3a. What kind of equipment enhances and what limits the mobility? Which equipment is the most important?
   3b. What facilitates and what impedes using public transport by elderly?
   3c. What facilitates and what impedes their moving around public places?
   3d. What facilitates and what impedes being independent in their household (everyday activities)?
   3e. What increases and what decreases senior citizens’ safety in streets?

4. **Which measures are necessary to improve the situation?**
   4a. What kind of technical development is necessary to facilitate senior citizens’ mobility?
   4b. What should be done by the society to facilitate it?
   4c. What should senior citizens do for themselves to increase their own mobility?
   4d. How to facilitate an access to information about useful services and conveniences, senior citizens have in case of mobility?
   4e. What should be changed in a process of education to change the approach of young people to senior citizens?

5. **What prevents measures that are considered useful from being implemented?**
   5a. What measures (other from financial) impede the implementation of facilities?
5b. What decisions taken by the government slow down implementation of those facilities?
5c. What national/regional characteristics are barriers in implementation of good facilities?
5d. Some seniors give an opinion that seniors’ representation in the public forum is insufficient. Are they right and if so why could it be like that?
5e. What impedes communication between the younger and the older generation?

**ANALYSIS OF THE RESULTS**

When the FGI and the IDI had been finalised (before 30th of September) each partner analysed his/her responses and sent them to the work-package leader (partner #7). Guidelines for this analysis were described in the document: “How do we process the responses to open-ended questions?” The procedure is described below. The work-package leader compiled the data obtained by each partner.

Moreover, a quasi-statistical analysis (below called “statistical analysis”) should be carried out, in order to attribute a kind of weight to different types of statements. For the purpose of the statistical analysis, responses obtained from two short questionnaires - PRF (the participant registration form) and FQQ (questionnaire containing five questions on mobility preconditions) in each country were put together, counted, and compared between different groups of respondents (countries, age groups, etc.). Results of this analysis are in no way representative and their value is much more of a descriptive than of a stochastic character.

**Processing the responses to open-ended questions**

The partners first created categories by grouping the responses of FGI and IDI according to their similarities in content, and by then counting the number of times each category was repeated. This grouping was carried out by aggregating all the responses obtained in a population group (e.g., experts) to the same question, among all the interviews carried out in the same country. In each country, the data were processed separately for senior and expert groups, and within each group, separately for each question.

The purpose of the statistical analysis of the results was to make a comparison between groups (populations) on the responses provided by them to a series of FGI and IDI open-ended questions. The comparisons of interests were:

a) interviewed seniors versus interviewed experts in general (all countries joined),
b) interviewed seniors from country X versus interviewed seniors from country Y,
c) interviewed experts from country X versus interviewed experts from country Y,
d) interviewed seniors versus interviewed experts from the same country.

These comparisons were carried out in order to study two characteristics of the interviewed populations:

- coincidence of categories (and to find out the categories that appear in all the countries, and therefore could be independent of each country-culture’s circumstances).
- differences within the coinciding categories in frequency, which could be a hint to differences in relative importance attributed to them in different countries.

This is a simple, however basic procedure in analysing qualitative resources stemming from different persons. The “logic” behind is grounded on the assumption that the (relatively open) questions put forward encircle a clear section of societal reality within which all
respondents have made their relevant experiences. Insofar, the main categories ... turn out to be the same for many people. However, the differences are due to personal characteristics, social settings and biographical conditions. On the surface, therefore, we find a rich diversity of views whereas at the base of the section there is common experience significant for the varieties on the surface.
III. QUALITATIVE ANALYSIS OF EXPERTS’ AND SENIORS’ INTERVIEWS – NATIONAL REPORTS

Below follow the reports from all countries involved in SIZE. The system of classification used in order to describe results of FGI and qualitative interviews was devised by Ribas, Monterde i Bort (E) and Zakowska (PL), who where the leaders of the workpackages dealing with FGIs and IDIs of both elderly citizens and experts. It was derived from both the research question and the guide used by the facilitator for the focus groups.

For the national reports, the SIZE consortium allowed a large degree of freedom. Only the main chapters of description and evaluation were pre-defined. The opinion was that qualitative results can be described and reflected in different ways, but it should be possible to understand what has been said, anyway. To summarise what others have said is best done by using one’s own personal style. We expected that letting the authors coming from the countries involved in SIZE report their results in their own way would deliver well understandable summaries of the FGIs and the IDIs, providing a colourful – even if possibly difficult – text. These texts constitute the basis for the comparison between countries and regions where both similarities and differences should become visible.

The reader will realise that there are remarkable discrepancies between the partners in SIZE concerning the level of categorisation of the interview subjects’ responses. Some partners have prepared extensive reports trying to present almost each particular experts’ or seniors’ claim in its literal form. Other partners’ reports are rather brief and more oriented towards conclusions. Different cultures in science, different forms of consideration of the objects of research, but most of all a basic lack of experience with qualitative research in the area – AND carried out in an interdisciplinary frame – are mirrored in this process. It seems that a long tradition of quantitative and experimental research in the field, which has given clear emphasis to technical dimensions has “institutionalised” specific perspectives how to “look” at problems. The qualitative focus in the project SIZE, however, is clearly meant to change and to enlarge those traditional perspectives. The cross-cultural approach to our object of research associated with a comparatively ambitious qualitative access to this object determines the differences between the single national presentations of findings. For those who consider this important, we want to add that we expect, however, that a better balance will emerge in the further course of the project.
AUSTRIA [PARTNER 02]

FACTUM OHG, Vienna: Dr. Ralf Risser, Dara Fischer, Mag. Karin Ausserer, Clemens Kaufmann

EXPERTS – MAIN FINDINGS

What do you think about the senior citizens’ mobility conditions today?

There are very big differences between senior citizens with regard to gender, income, education, level of information, health, where one lives etc. The group of older people is a very heterogeneous one.

One has to distinguish between the “fit” old and those who are limited. For the “fit” the situation is like for everybody else, they suffer the same restrictions like everybody else. But those who are not fit have various problems with mobility: problems with getting to public transport, problems getting into the public transport, problems with receiving information, problems with understanding the loudspeaker announcements, handling ticket automates is not possible for people with Parkinson or tremor, etc. etc.

Many of the experts emphasised that bad traffic and mobility situations (barriers, etc.) affect not only older people but also mobility impaired persons with small children (buggies), etc. On the other hand measures for older persons or mobility impaired people are positive for all others.

Nowadays older people are much more mobile than in the past – as long as they do not have any physical restrictions, and as long as they have both, time and money.

One has to distinguish between rural and urban areas. The situation in the rural areas was not seen as being positive at all for older people. In rural areas it happens very easily that one cannot get anywhere without a car, which eventually means that changing the living situation is often the only solution, e.g. by moving into residential homes for the elderly. The area-wide supply of public transport in rural areas in Austria is notoriously bad (and it is difficult to imagine that the situation is much better in other countries).

In comparison urban areas are seen to be much better developed and to have a much better coverage by public transport facilities. The situation in Vienna was considered as being on the whole very good. Especially the endeavours made by the municipality and by the “Wiener Linien” (Vienna public transport provider) were seen as very positive. Nevertheless at the same time many deficits and barriers which affect especially older and mobility impaired persons have been discussed and they provided a not so positive picture.

Quite generally it was noted that the needs of older people are not considered sufficiently. This argument was widened by the view that socially unprivileged (single mothers, older people, handicapped persons, etc.) are rarely considered in traffic. Problems tend to increase for these groups when certain aspects of their life become tight: for example when there is not enough money for a car while living in badly developed rural areas, etc.

The mobility situation was only then seen as being positive if one belonged to the “strong”, a circumscription for people who (still) have money and power, and, not least, who still own and can drive a car.
The culture of automobilism was also discussed: The car has always been in the centre of all planning, infrastructure and awareness. In an international comparison Vienna was seen by some as being very car-friendly, while with respect to vulnerable road users Vienna was considered to have a negative traffic policy. Generally a stagnation of positive developments such as pedestrian areas, residential roads, etc. was noted.

The potential danger for the vulnerable road users is at the same time considered as increasing, mostly due to recklessness, high density of traffic, etc. It was also said that Austria was not prepared for the population development, i.e. to the fact that the population becomes rapidly older.

Considering public transportation some experts noted that things are getting better eventually while others argued that there are still many barriers in public transport. But providing barrier free public transport seems to be treated as a good-will activity in Austria, in spite of certain legal preconditions: Article 7 of the Constitution (handicapped persons are not to be discriminated) is being ignored.

It is generally the experts’ opinion that a public transport system has to be available, accessible and simple to use. The social environment of a transport system has also to be taken into account: safety, security, lighting, emergency facilities. But this goal is not seen as being achieved. Changing transport mode to public transport, i.e. being a newcomer there, is unfamiliar and complicated: how do I get to the timetables, how to the tickets, where do I have to change trains; luggage, ticket automates, train-departure displays, etc. This causes fears and emotional barriers.

As far as road traffic is concerned, a general statement is that the vehicle speed level in road traffic is far too high. If you have not grown up with this traffic you are completely overwhelmed.

**How do senior citizens cope with their current conditions according to the experts opinion or experience?**

**Public transport**

The “new generation" of older people is seen to be very mobile. Mobility is needed for example for leisure activities like walking in the Vienna Forest. There, older people have a very good performance.

Those who use public transport often do not have many problems getting around in Vienna. Older people who use public transport can always be asked for help, they seem to know everything. People take their habits with them: if you are used to using public transport you will continue using this mode of transport in old age. This depends very much on what life one has been leading.

On the other hand those who have not used public transport all their life need training. This would be a task for the public transport service providers. But how does one get to the customers, i.e. those who really need help and training?

People do not know where to turn to when there are problems. In general older people are more thankful for personal help and personal contacts according to the experts.

Physically impaired people often cannot cope with the situation at all when there is no public transport accessible to them. So they cannot use certain lines, vehicles or stations at all, for example local trains.
Getting into the means of public transport is problematic for many when there are no low-floor vehicles with a level entrance available.

Changing trains is unpopular; seniors rather accept longer trips in order to avoid that.

Trips in darkness by night are avoided as well, the experts say.

An interesting statement is that buses drive very wildly (one gets tossed around) – meaning that bus drivers drive in a way that does not take care of the passengers.

**Pedestrians and bicyclists**

Walking was seen as the most important mode of transport for older people, and generally they also seem to like walking. However, there are a lot of barriers. There was the feeling that the conditions for walking and the conditions in public places in Vienna have deteriorated, which has a direct affect on the quality of life.

Older people have problems with crossing the streets: They often do not hear and see very well anymore, their perception of other road users deteriorates, they are slower.

The situation becomes very problematic when mental deterioration takes place (dementia, etc.), when perception gets worse. They are endangered in traffic then.

Some measures are contradictory: e.g. flattened slopes are positive for wheel chairs but could be a problem for visually impaired people if the curbs are totally eliminated. Flattened slopes can also be dangerous for older people when there is glaze/black ice.

The bicycle was seen as of minor importance for senior citizens, not many older people use the bicycle for every-day mobility. While the proportion of older bicyclists is very low at the moment, this might change in the future. The small number of older people who (still) use the bicycle do this because they have done it for years and they are very good at it. Many older people quit going by bike because they start feeling insecure with both handling the bicycle and at the same time having to take care of the complex traffic characteristics and the behaviour of, e.g., car drivers. With a bicycle, unlike to driving a car, riding slowly cannot compensate for anything.

**Car drivers**

Older car drivers were seen as the most reliable road users. They compensate physical difficulties by driving slowly and carefully (defensive driving). They also have much experience and act considerately. There is little probability that older drivers endanger others. Nasty accidents are most likely caused by much younger drivers. Older people seem to adapt when they notice limitations in driving. E.g. when they find it hard to drive in darkness or dim light they avoid doing this, according to the experts’ view.

On the other hand experts told us that older drivers often do not recognise when they cannot drive the car any longer. They need more time to handle a complex traffic situation. Age related changes can lead to accidents. Such changes can be: deterioration of peripheral vision, slower reaction and visual perception, gaps in short term memory, due to limited visual field and stiff necks looking over the shoulder is often not possible, etc. All this also leads to difficulties in parking the car.

This aroused the question of how long people should continue driving. Some assumed that often there was high insecurity caused by stress and physical restrictions. Others stated that older drivers are neither better nor worse than drivers from other age groups.
In any case, older people and mobility impaired people are seen to be more mobile with their own vehicle than with public transport.

It is expected that in the future more older persons, especially older women will have driving licences and cars so there was the feeling that something has to be done.

One typical problem was mentioned: The husband has always driven the car, the wife has little to no driving experience. The mobility of these women often decreases dramatically when their husbands die, because the car cannot be used any more, or they have problems in using it appropriately.

**Other issues**

Mobility depends on many complex factors like age, physical conditions, social status, density of supply, how well an area is structured and accessible, etc.

The individual physical preconditions (bad hearing, sight, reduced visual field, etc.) do not correspond to the present traffic situation (high speeds, high degree of complexity, etc.). This raises the conflict potential. Older people have increasing difficulties in fulfilling parallel tasks. Therefore, as well, longer reaction times result. Furthermore many older people react inflexible to unexpected situations – this causes fears.

Another problem is the lack of understanding of younger people for older people. They move more slowly, are hard of hearing and do not see as well anymore. Young people are often involuntarily reckless, they have many prejudices against older people. For example, some experts believe that slow drivers often provoke other drivers to have a more aggressive driving style, which can in turn lead to accidents.

The problem is generally that accident consequences for older people are much more dangerous than for younger people.

Many older people are not aware of deterioration (physical and mental conditions) especially when they come along slowly, was one argument. But other experts were convinced that older people are aware of their decreasing abilities. They are seen to rather be obstructive than endangering. According to the interviewed experts, people have a high capacity of adapting to situations, especially women. They believe that, men find it harder to adapt. Anyway, those who have grown old with growing traffic cope better.

It is also stated that older people accept a lot of trouble in order to stay mobile. They have become used to the present situation, even if it is not satisfactory.

The time-factor is not so important any more for older people: They have more time and take their time. At the same time many older people are not bad off, they are an economically important group and will become even more important in the future.

In connection with this travelling achieves a new quality. When conditions are good, older people enjoy travelling (provided that they can afford it). Especially travelling by water seems to be very popular with older people as this has a high level of comfort and very good service. Flying (aeroplanes) on the other hand is seen as being too complicated for most older people with respect to the whole flight procedure (check-in, airport, security checks, long walks through airports, etc.).

Because of their supposed high mobility they are said to have demands on the transport and traffic system, and they demand comfort also on short trips.

Those who are extremely mobility impaired and the very old often simply stay at home, when access and use become too difficult.
According to the interviewed experts’ opinion, older people are not a target group for which life in the city is made as comfortable as possible. The benchmarking group are rather those people who work (commuter traffic). This can result in difficulties for elderly people, e.g. in connection with shopping (esp. big and bulky things), service, supply.

Also, lacking knowledge of the services of the city is seen to become an increasing problem for senior citizens when the system is rapidly changing.

In one statement it is underlined that older people are very much interested in traffic safety.

**What enhances the mobility of senior citizens (experts' view)?**

**Public transport**

The public transport system in Vienna was very often praised in the interviews: It is very well developed, you can get everywhere with public transport. Vienna is considered as being very courageous regarding public transport: There is a good basic attitude towards its extension and development. Especially the extension of the Viennese underground system (short intervals, high frequency, speed) was seen as very positive.

Generally measures that enhance accessibility (attempts for barrier-free public transport) and safety were seen as positive. Especially the close co-operation with affected groups: seniors and handicapped persons who are involved in innovations from the beginning have improved accessibility to public transportation. Underground stations are now equipped with tactile information systems, signs and guidance systems for the blind. Marked steps and step edges also add to barrier-free access to public transportation.

The installation of modern technology such as retrofitting of elevators and escalators in underground and train stations, low-floor technology, etc. has added to the positive perception of public transportation in Vienna. The ”Wiener Linien” react to customer requirements, it is said. More and more low-floor tramways and kneel busses make access easier.

A positive measure that has been mentioned was the installation of stops of a type that prioritise public transport (cars cannot pass when the public transport vehicle – predominantly tramway - stands in the stop). These elevated stops are becoming a standard in Vienna. This kind of stop design prevents car drivers from rushing through between tram and stop and prevents endangering of passengers getting in and out of the tramway. Because of this constructional measure the stop is better noticeable also for beginner drivers and for people who do not know the area. For the users of public transport there are big advantages: Low-floor technology together with elevated stops make access at almost ground level possible.

While changing trains is not popular at all this is often not avoidable. There are endeavours made to let changing trains happen at the same platform.

Inside the public-transport vehicles handles are mounted at low height, which is good for seniors, children and mobility impaired persons in general.

Regarding the price for the use of public transport, cost reductions for seniors are pointed out as a positive aspect. As some of the experts see it especially women have a very low income or pension, and having to buy standard-price tickets would cause problems to them.
**Pedestrians and bicyclists**

More and more cycle paths are being constructed. But the elderly are not really often using bicycles (yet).

It was noted that in Vienna the streets are in a good condition and well maintained – there are few bumps and potholes and good pavements. The road-works department of the Viennese administration was often positively mentioned concerning restoration works and also with the implementation of “new” facilities like elongated pavements with flattened slopes, etc. Such flattened slopes at pavements have become a standard feature in Vienna. Guidance systems for the blind are becoming a standard as well (and the pavement curbs should not be taken away totally, in order to meet the needs of this group)

Another facility which has become a standard in Vienna after long years of debate are elongated pavements (i.e., the pavement at intersections is drawn towards the central point of the intersection): The advantages of better visibility of pedestrians and shorter crossings for pedestrians have won over often irrational attitudes, like car drivers who complained that “driving is no fun any longer with these elongated pavements”.

Pedestrian areas are seen as a positive feature by the experts, although the implementation of pedestrian zones seems to have ceased.

Only some years ago authorities stopped to install subway crossings only and instead started to provide the possibility to cross on the surface as well. Subway crossings are not being accepted by pedestrians they have to put up with time losses and making detours and using stairs: often subway crossings constructed some years ago were not equipped with escalators or elevators.

The attempt to reach a maximum of pavement-area for the pedestrians in the competition for room in the public area was also seen as positive. Comments in this connection reflect the implicit assumption of experts that elderly citizens very often are pedestrians. Some experts saw the needs of pedestrians as being well considered in the “Masterplan Verkehr 2003”, the Viennese Traffic Masterplan, issued at the end of October 2003.

**Car drivers**

While improved car-technology like operating devices that are being adapted for seniors or features enhancing comfort especially for older drivers were seen as positive by some, such measures were considered as not contributing to a change in the general situation by others.

**Other issues**

Traffic planners, policy makers and the general population are said to increasingly consider senior citizens and mobility impaired people. This would be shown by an improvement of the co-operation with interest groups in planning constructional measures. Improved participation procedures are being followed to gain the best solutions in co-operation with the affected citizens. Generally, both technology and the implementation of technology tend to become more adapted to the needs of older people.

The term “mobility impaired” is now being interpreted in a new and wider way: this group also includes mothers with children, etc., in the general understanding.

There was a general agreement that evermore cars cannot be the solution for traffic and transport problems, even if “how” to solve this problem is not agreed upon. Slowing down,
or de-dynamising, car traffic, however, was seen as a prerequisite so that older people can continue to appropriately participate in traffic.

In the society there is improved understanding of democracy and equity; nobody wants to be disregarded or left out of the system. Older people are not willing to “swallow everything” any more. They are becoming more and more self-confident, self-responsible and assertive to their rights.

The “new” older generation is expected to have more – or rather “other” – skills with regard to telecommunication, etc. They will probably find it easier to master traffic and mobility requirements, as well.

Single measures were pointed out as positive such as: Car-sharing, alternative public transport systems (such as call collecting taxis) and services such as: mobile supermarkets, meals on wheels, care and attendance, public library on wheels (book-busses) and temporary markets.

One expert also noted that the big recreation areas at the boarders of Vienna should be seen as very positive, also because it is not a matter of course at all for a bigger city to provide such areas. These recreation areas such as the Donauinsel (island in the middle of the Danube), Vienna Forest, etc. are well and freely accessible, well maintained, have well marked path networks and often free access to water (swimming).

**What limits the mobility of senior citizens (experts’ view)?**

**Public transport**

Even though the experts we questioned were predominantly from Vienna there was a clear awareness of the problems in rural or suburban areas. First of all there is too little public transport service in rural areas and little or bad public transport connections for people in the suburbs, which inevitably results in a high dependency on the car. This is highly problematic for supply and health care. Train services are being continuously reduced in the less densely inhabited regions due to economical considerations and constraints. Unprofitable public transport is reduced in the suburbs and services which have been used predominately by elderly to get to recreation areas are closed down. Typical senior citizens destinations like cemeteries or “Heurigen” (wine inns at the border of Vienna near the Viennese woods) are partly not well connected to the public transport system.

Also, the vehicles of public transportation in rural or suburban areas are often very old and somewhat shabby. They are frequently not convenient for older people in terms of usability and comfort.

Although the Vienna underground system was generally praised one drawback was highlighted: With the extension of the underground system a lot of tramway lines were (and still are being) reduced or shut down. So walks to public transport become longer, detours have to be put up with. Especially the elderly like to use trams. The extension of the underground system was seen as predominately profitable for the construction industry. In many cases a fast tram that has the priority at intersections would be sufficient or even better.

In some experts’ opinion there is no barrier-free infrastructure at all. Generally, the smaller the station, the less investments are made.

The experts think that in stations and at stops a lot of things are rather negative, especially with regard to barrier-free access. Long stairs at underground stations, train stations without elevators etc. are limiting to older people. Lifts at underground-stations were seen as not
sufficient for the transportation of the increasing number of the future older and/or mobility impaired people.

At train and underground stations pedestrian underground crossings and tunnels are seen as a threat. Stations were often considered as being places of fear: dark, narrow, with bad lighting and bad smell, no social life. Generally darkness (or lack of daylight) is connected with fear and anxiety. Underground stations where such tunnels have to be used are seen as both tiring and frightening.

It is considered that timetables and information at bus and tram stops are usually written in too small letters.

Metal-barriers at tramway-stops are limiting the freedom of movement of passengers. They are not seen as something enhancing the safety of the passengers (or pedestrians), but rather for the benefit of car-drivers who can drive past these stops faster because no passengers would cross their way.

Getting in and out of the public-transport vehicles asks for quick reactions by the elderly and also for a certain amount of agility, especially when there are high entries at trains (especially local trains where 3 steps have to be overcome) or busses and trams which are not low-floor.

Access to trains is also problematic due to different platform levels at the different stations – platforms have to be adapted or reconstructed in order to ensure level access.

Inconsiderate driving of bus drivers was criticised. One gets tossed around.

Especially regional trains were seen as being very uncomfortable.

Staff reductions were greatly criticised: There are no contact persons in the vehicles or at the stations, there is often only automatic monitoring, etc. The economical principles of the service provider contradict the needs of the elderly concerning “human factors”. Some experts argued that staff which is now reduced is probably a low-cost factor, when compared to automates and computers which have to be serviced all the time, which is more expensive.

The obvious vision of the ÖBB (Österreichische Bundesbahn - Austrian train-service provider) of train stations void of staff (only automates and computers) is not appropriate especially for older people. Persons are left on their own, they have no person to turn to when they face any difficulties. In this context especially the difficult handling of the ticket automates becomes problematic. For instance, with the ÖBB bonus-card you can only get a 50% reduction when you book via internet or via a ticket automate – this excludes many seniors from getting the cheapest tickets. Many seniors renounce the full reductions and rather buy tickets at the counter where they have to pay 5 % more.

Supply and services are considered as not being transparent. Information is seen as poor, the price system is difficult to understand, especially when the journey goes through different political districts. There is a considerable fear that such problems will increase when new transportation companies step into the existing network. Then, travelling by train will resemble travelling by aeroplane where one has to look for the best and cheapest provider in advance, and where it is very expensive to combine different providers.

People travelling by train have to face problems with their luggage: Left-luggage offices/services have been closed. The luggage-transport service from door-to-door does not work properly. And quite generally luggage placement is difficult in all types of public-transport systems.

The timely organisation of public transport was criticised in two ways: Firstly, it is oriented towards working people; in the off-work time periods the intervals are too long. And
secondly, the time-span for changing trains is often too short and thus inconvenient for the elderly. The timetable-organisation philosophy of the ÖBB is totally neglecting their needs.

It was regretted that too little money is spent to make public transport more attractive and to expand services. This would motivate more people to use public transport instead of the car. Public money “only goes into road traffic and not into public transport”.

In some districts of Vienna more is done for the enhancement of public transport, in others not so much. This depends very much on the head of the district council. The city imposes neither sanctions nor stimuli in connection with the (lack of) promotion of public transport.

It was noted that economisation of public transport affects predominantly people without access to a car or without a drivers licence. When services are cut down, especially children, elderly and mobility impaired people will have to face all the disadvantages.

**Pedestrians and bicyclists**

Elderly pedestrians have problems with the complex and partly chaotic characteristics of modern traffic. They are often overcharged, is the opinion of several experts.

Pedestrians (as well as bicyclists) have to accept detours. “Only the car traffic is going the direct way.” But pedestrians are the group that is most time-economically oriented, which is often forgotten.

Pavements are too narrow which also concerns people with prams, mobility impaired, etc. When there are no cycle paths, bicyclists tend to use the pavement. This is seen as a typical source for disturbances for seniors. When pedestrians and bicyclists use the same facilities (pavement) this is also posing a threat to the elderly, according to the experts: with aggressive and ruthless behaviour and high speeds of bicyclists conflicts are the logical outcome. Especially for mobility impaired persons and those who cannot react quickly any more this causes anger and fears. By some experts bicyclists are seen as being even more dangerous for pedestrians than car drivers as you cannot hear them. In this context also the issue of fun-sports equipment on the pavements is not settled satisfactorily. Generally speaking there is a lot of rivalry on the pavements.

High walking speeds of younger people especially on narrow pavements cause stress for seniors, especially when they are mobility impaired.

Illegally Parked cars are considered as a nuisance for pedestrians. They take away a lot of space designed for pedestrians. Furthermore, pavements are full of road signs which are originally for car traffic, advertisements, tables and chairs for restaurants and pubs, etc. When shops are allowed to have their goods placed outside the room for pedestrians becomes even smaller. All this does not only have aesthetic and comfort drawbacks but it also produces disadvantages in terms of traffic safety: when zebra-crossings or pavements are blocked by parked cars this is seen as a “peccadillo”. There is too little law enforcement in order to protect pedestrians.

At crossings the visibility of pedestrians is bad, as well as the visibility of the car traffic for pedestrians. It is also considered that kerbstones often are too high (which also concerns people with prams, mobility impaired, etc.). The dark-green pollards used to delimit the pavement areas cannot be seen by people who are visually impaired.

The traffic-light phases that are relevant for pedestrians were generally criticised as being too short. Moreover, the clearing times for pedestrians are seen as being much too short, as well, which especially affects mobility impaired persons. This also disturbs communication with car-drivers as they think that pedestrians are acting against the rules when they are still crossing the street when the traffic light is already red. Older people need more green time.
Persons who are not informed that there is a clearing time (where the light already is red) are thought to be more stressed when crossing streets and to have more accidents (for example by falling down). The walking speed that is used to calculate the green phase is much too high for seniors. This has to be adapted to meet their needs. Furthermore, crossing routes drawn by the planners are often not ideal. Quite frequently they are too long).

The ignorance of car drivers concerning the priority of pedestrians at zebra crossings with or without traffic lights leads to an increasing number of accidents with children and seniors. Now, car drivers are also pedestrians at many occasions and they should understand all this. Thus, a revision of thinking should be possible, but obviously this is difficult when their role is changed to sitting behind the steering wheel.

The general traffic policy with regard to pedestrian traffic was heavily criticised: Car traffic is always prioritised as car drivers have a strong lobby. It is considered as being very difficult to enforce measures for pedestrians and bicyclists on a political level, especially when car parking areas have to be reduced by these measures. The slogan is that “traffic should not be disturbed”, and by traffic “car traffic is meant. This coincides with the statement that “decision makers do not walk”, and therefore they are not aware of pedestrian problems. This issue (“awareness”) is discussed in detail below, in connection with the question of why measures are not implemented.

**Car drivers**

Inconsiderate behaviour on the roads is a major annoyance: tailgating, hooting, jostling, frequent lane changes and cutting into the others’ course, overtaking queues, etc. The same thing applies also to bicyclists - there is no co-operation between bicyclists. Older people often fear not to be able to manage traffic any more.

On the other hand especially older people are often dependent on the car for physical reasons, for geographical reasons etc. Many fees (such as parking tolls, etc.) are a financial burden for this group.

**Other issues**

Many experts argued that high vehicle speeds in road traffic are a major problem. The general development of traffic including a general ruthlessness in road traffic was seen as negative. Others argue, on a more holistic level, that there is too little consideration of older and weaker road users.

Many said that the high volume of traffic, especially due to motorised individual traffic is hard to influence.

One reason for this was seen in the lack of clear cost-efficiency calculations concerning cars. For example, compared to other goods and services parking fees have not been raised for years, this is seen as negative in this respect.

The principle of “avoiding traffic” is not en vogue anymore, which also seems to be valid for environmental-friendly orientation, considerate attitudes, etc. Fighting against symptoms becomes the rule.

Traffic and land use planning were also criticised: First of all “everything” is car- and technology-oriented, the whole traffic system is oriented towards the car. The spatial development is chaotic and unstructured (urban sprawl), due to the fact that there is no
nation-wide land use planning. On the other hand, spatial planning generally allows too much density, with the goal to gain a maximum of profit from land use.

Development in the rural regions is negative for seniors: young people move away, the old stay behind with bad infrastructure and with no family left to support them with daily activities (shopping, health care etc.). Often the only way out is to move to another place (which is also a matter of financial possibilities) or to move to nursing homes.

Generally speaking, the development concerning local supply was heavily criticised as this is tightly connected to mobility and quality of life. The disentanglement of local supply and the places of residence is becoming a major problem. Lacking local supply implies longer trips to shops, which again means problems with the transportation of bags etc. Taxis are too expensive for day-to-day use. Limited mobility enhances dependency on others. At the same time the older generation today finds it hard to accept help from others.

There are too little car-free spaces in the city, according to the experts. There is too little green space in the city that is not crowded or (over)used. However, planting trees etc. is highly important, among others for the micro-climate in the cities.

Two types of comments refer to information and to conflicts of interests:

The deteriorating sense of orientation causes problems. The problem is not always that there is too little information; sometimes the understanding of the information that is available is simply too difficult.

The second comment refers to the observation that groups are played off against each other (for example by the media): Bicyclists, pedestrians, car drivers, public transport; they have diametrically opposed needs, often to the disadvantage of older people.

**Which measures are necessary to improve the situation (experts' view)?**

**Public transport**

It was mentioned generally that even though there are good approaches in public transport there is still a lot to do. Public transport has to adapt to individual needs with respect to both quality and quantity. This can be summarised under the headings “barrier-free planning” (public transport) which implies easy and safe access and easy public transport use.

Public transport in rural areas faces the problem that it is oriented towards commuters. At weekends or in the late afternoons there are usually only few and bad transport connections. There is a demand for improvements in rural areas in this respect. Also pleasant places and shelters for those waiting for public transport are required.

Instead of big busses which hardly ever are used up to their full capacity smaller vehicles should be used or other types of services (call-the-bus systems, collective taxis, etc.) – but with the same fares.

Tramways should not be abandoned in favour of underground lines, as they are much more convenient and better usable for older people. It is explicitly stated that tramways offer a much higher life-quality than the underground.

Public-transport stations require further installation of elevators to improve access by mobility impaired persons. Benches near the entry of underground-stations would help, among other things. Furthermore, safety equipment should be improved: good lighting, transparency and more emergency facilities. Bigger letters on signs in train stations,
underground stations and stops were also mentioned. Information phones (according to the experts comparable to those in Great Britain, USA or Sweden) directly at the platforms would be convenient.

If the acceptance of a train station depends on constructional measures regarding the improvement of accessibility (level entries, escalators and elevators, etc.) then these measures have to be taken, even when the maintenance (cleaning, servicing and repairs) of these facilities is expensive.

Luggage service should be improved, regarding both storage and transportation.

Inside the public-transport vehicles there are also a lot of things that can be improved: equipment with seats for mobility impaired people close to the entry, handles and door-opener buttons within reach, etc.

The already mentioned ticket automates should be easy to use. This also means that the size of the letters and buttons should be bigger so that as many people as possible are able to use them without assistance. Especially visually impaired people or Parkinson patients find it very hard to use these facilities. Train tickets should also be sold via shops, pubs, restaurants, news agents etc., comparable to the tickets for public transport in Vienna (which without any extra costs can be purchased at news agents, in tobacco shops, in special shops at stops and stations).

Ticket price reductions should not be calculated on an age-basis (as it is done now) but socially fair on an income basis.

Good interconnectivity should be guaranteed as this reduces stress especially at times of low frequencies, for example in the evenings.

Generally there was a demand for more “living” personnel, like service personnel on trains and at stations “instead of computers”. More presence of uniformed personnel would raise the feeling of safety and security. One expert expresses the opinion that guided tours to the public-transport system, especially for mobility-impaired persons, could reduce fear of the unknown.

As a general conclusion, public transport should be supported and prioritised. This implies at the same time that motorised individual transport has to be cut down and restricted. Financial measures can help to support public transport by using tax money for its improvement and extension. More money should be invested in public transport compared to road construction work.

**Pedestrians and bicyclists**

Traffic concepts should be oriented more towards pedestrians. Awareness should be raised that considers the needs of vulnerable road users.

The experts pointed out some challenges for policy and traffic planning. Improvement of the quality of pavements and enhancing the flattening of slopes of curbs of pavements were two major points. Furthermore the permeability of the road network for pedestrians should be improved, which also means to systematically enhance priority for pedestrians and not just to arrange for smooth car flows. To enhance permeability, pavements should have a minimum width of 2 meters, not narrowed by parked cars, restaurant tables, seats on the pavements, advertisements, traffic signs etc. This can be summarised generally under the concept of “no barriers on the pavements”.

A sufficient amount of seating facilities is necessary. Public toilets in good condition are highly important for older people, because of frequent incontinence problems.
One complaint repeatedly raised was referring to the extremely short green-lights phases for pedestrians: They should be longer. The clearing phases should be labelled, in a comparable way as done in the USA, where they are signalled by red-blinking lights.

Crossings should be safely designed and clearly arranged. Moreover the amount of crossing facilities and traffic lights should be increased, according to the opinion of the interviewed experts.

Regarding the “accident scene zebra crossing”, car drivers have to be forced to obey the laws. In this respect, traffic-safety measures have to target car drivers, else they are ineffective. Video registration and police enforcement are envisaged.

Cycling is seen as a good mode of transport for the elderly as it is healthy. At the same time this requires a basically good status of fitness on the side of the individual, and safe and generous cycle paths.

When it comes to the design and construction of appropriate walking and cycling paths, the historical setting is often used as an excuse for unsatisfying solutions. However, the historical building fabric should not be an obstacle for pedestrian-friendly pavements or user-friendly train or underground stations.

**Car drivers**

Training of older car-drivers was one major issue in the interviews. Older drivers should be motivated and trained. Many defects can be improved and compensated for with efficient training. Older drivers who cannot decide for themselves if they are still fit to drive should be given the possibility to turn to experts and confidants. Especially older drivers (often women) who have not been driving for a longer period have to be supported and trained and also tested to make sure that a new beginning is possible at all under these circumstances.

The problem of age-related testing of older drivers was intensively discussed: While some argued that repeated controlling and testing of driver-fitness is necessary, age-related testing as such was seen as highly problematic as this is considered being discriminating. It is underlined that age per se is not an objective reason for not being able to drive. It was seen as positive by many experts that in Austria there are no age-related driver-tests. Testing, if done at all, should not be age-related but directed towards all drivers.

Other – younger - road users have to be sensitised and made aware that older drivers are not as dynamic as younger drivers, starting with driving lessons. The curricula have to be improved in order to raise the awareness of younger drivers towards older road users in general and older drivers in particular.

Generally, the knowledge of traffic rules has to be enhanced. Many things have changed over the last years, for instance giving way to pedestrians at intersections. Information about such changes could and should be provided for all road users, with the help of print and electronic media. Especially television is considered as being efficient in this respect.

There should be more consequent and better covering law enforcement, more sanctions and more offenders punished.

Regarding the issue of parked cars: Car drivers have to be made aware that they do not have the right to park everywhere, even when car owners have to pay parking taxes. Park-and-ride facilities should be situated at strategically clever places, for example on the outskirts of the cities with good public transport connections, in order to make such facilities more attractive. Parking places for older drivers or handicapped drivers should have sufficient room to get in and out of the car.
The public has to be made aware that motorised individual traffic, which is not absolutely necessary, has to be avoided, while useful motorised individual traffic should be supported (although it will not be easy to decide what is unnecessary and what is useful)

Other issues

The general wish of many experts is that the speed of motorised traffic should be reduced. It should be avoided as far as possible, relocated, slowed down and arranged in a human way. E.g., area-wide 30 km/h zones would bring about a general de-dynamisation of traffic. Traffic culture and mobility culture have to be transformed and re-oriented. The same is valid for traffic planning. The strange attitude towards individual motorised traffic (cars = holy cow) has to give way to a more rational operation of traffic.

Older people, mobility impaired people etc. should be included in the decision making processes. Barrier-free design and traffic planning are seen as highly important, not only for these groups but for everybody who is “handicapped” in one way or the other (by pushing a pram, carrying heavy bags, by broken legs, small children, etc.). Mobility preconditions should be created in a way that older people can participate and also want to participate.

Basic supply is to be seen as a public duty which is essential for particular social groups. This does not work on a profit-basis. There should be a commitment of the public authorities to basic supply of public transport which often cannot be profitable. Unfortunately an opposite trend can be observed: public institutions source out many things to private bodies. There are financial cut-backs in all realms of basic supply, especially concerning public transport. Nevertheless there was a feeling that declared political intentions make many things possible, even when financial matters are concerned. Besides, many efficient measures are not cost-intensive.

Quality improvements such as low-floor technology, raised platforms, better accessibility and barrier-free planning should be further enhanced.

Another political issue concerns incentives that establish equity among the different modes of transport. Authorities should improve supply, give incentives for, and promote the use of, public transport or other ecological modes of transport.

Older people are a heterogeneous group. This must also be made visible in research. For instance, age groups should be differentiated into more age groups than just 60+ or 65+

Another issue that is discussed is that politicians and planners first should ask the people what they want before they do something “for them”. When certain needs are neglected some people will have severe disadvantages or even be excluded from using certain transport facilities.

The issue of local supply is tightly connected to mobility. If the problem of supply is solved a major proportion of traffic problems will be solved as well. There should be a more thorough notion of the consequences of spatial planning, and/or town planning. One approach could be that in every district sufficient shopping facilities, health care facilities, etc. are established, or re-established. This could be in the form of a village square where such facilities are assembled. It could be roofed and situated in a traffic-calmed area or pedestrian zone. Some experts think that this kind of infrastructure gives a feeling of security, it keeps the settlement compact, among other things by providing a functional mix.

Generally speaking, public space can be improved with respect to lighting (more and better), signs (bigger, readable) and information (better intelligible). Moreover, the presence of uniformed police in order to enhance safety and security is demanded.
Older people need help to gain the information they need and to organise their mobility. This could be achieved with the help of e.g. mobility training. They need contact persons they know (from their seniors’ clubs, from municipality, etc.) or persons they can rely on (uniforms). This is seen as a duty of society.

Generally mutual understanding of the different groups in society should be promoted. According to the experts, the awareness that many elderly citizens are nowadays economically rather strong, and at the same time they are a very fast growing group in society would change many things automatically.

But not all of them are seen as being wealthy. Our experts also state that everything is becoming more and more expensive, and that this is a problem especially for older people with little income and has consequences for their mobility behaviour.

What prevents measures considered useful from being implemented (experts' view)?

**Finance and new economy**

The major reason that useful measures are not implemented is seen in the lack of money. At the same time, this argument is expanded with the notion that financing measures are a matter of power and interests and thus have a strong socio-political dimension: The financial and resources problems are often only a subterfuge and the distribution of funds is not done in favour of older people. There is no fair and sensible distribution of the resources. In other words, prioritising is not only done for financial reasons but this has a complex system of power and consideration of interests in the background: The question is not one of financial shortcomings but rather of what society wants to invest. While millions are spent on prestigious projects in town and transport planning, measures such as bigger signs, more personnel in public transport, improved walking facilities etc. are not implemented in spite of being relatively cheap.

Many experts complained that cost-benefit calculations are the basis for everything now, so while measures cost a lot of money, nothing seems to be gained from older people in return. The aspect of profitability is growing in importance. This means on the one hand that there is a lot of pressure growing on public-transport providers to reduce costs, which again means staff reductions. On the other hand, it is feared that the future liberalisation of public transport systems will reduce the quality of this service, which will affect those who are most dependent on public transport.

"Only the needs of those who are still working are served". They feed the gross domestic product.

**Lobby**

One reason why the needs of older people are not well considered was seen in the fact that there is no strong lobby for older people. However, the 'young' old do have a lobby, as they represent a financially strong market segment, which is still growing in importance, while the very old, mobility impaired persons do not have a lobby at all. Especially these latter groups do not easily organise themselves in associations and pressure groups, they are generally more isolated.
Older people need strong partners to speak for them. But the strongest groups in traffic are car-related. The “car lobby” dominates traffic politics. The result is that the needs of car users are prioritised to those of vulnerable road users.

**Traffic policy, planning and administration**

One argument supported by many of the experts was that decision makers are predominantly young or middle-aged and male. They do not know of the problems of older people because they are not affected themselves: Here the notion of “awareness” comes in. In this connection the lack of understanding and awareness of decision makers (but also of the broad public) is seen as a major problem. There should be a conscious commitment to address the situation of older people.

While there are very good attempts to involve user groups in planning – e.g. the Wiener Linien (Vienna public transport provider) involve visually impaired persons and lobbies in the planning of underground stations –, measures for non-motorised traffic are in a more general sense made from the point of view of the motorised individual (“windscreen-perspective”). There is generally too little regard for other road users although the knowledge is there: There is a certain amount of thoughtlessness and ignorance of those responsible for planning and administration in connection with barrier-free planning. Very often these are only small things which, however, cause a lot of trouble and discomfort.

Decision makers are driven by their own interests and put under pressure by interests of strong groups in society. Objective problems are always treated under a subjective perspective. There are many interests for the use of public space and while measures for one group frequently constrain other groups, the search for compromises is rarely optimal for everybody. Especially under this perspective decisions (or the lack of decisions) in the traffic and transport area are seen as always being politically motivated. The ministry of traffic, infrastructure and technology has a lot of money to distribute. Decisions of “who gets the money” are mingled with power and become a political playground.

Many experts believed that politicians are predominantly interested in the voters. Only when the “right” party promotes something at the right time measures are supported. One logical consequence is that they do not dare to interfere with the “rights” of car-drivers. At the same time structural reforms are often of little interest in politics. They are difficult to promote, troublesome to enforce, hard to find allies for, and bear high risks for the next elections if they are unpopular for certain groups in society.

Some experts suggested that the infrastructure department should be occupied for longer periods than for the 4-years legislative period in Austria. However, at the moment one cannot even speak of a one-year period: We now have the 7th minister in 6 years, while infrastructure in reality would require medium-term and long-term strategies. It was also demanded that this department needs to be occupied by non-political specialists.

A general complaint was aroused concerning the inactivity of the planning institutions and the municipalities. One expert mentioned that one reliable method to delay decisions is to send to each meeting a different representative who is not informed in detail about previous discussions. This method is used strategically. So there certainly is need for improvement in communication.
**Society**

Older people are considered an unattractive customer group. Only in election times are they wooed as this is the only time when their sheer quantity matters. At the same time the post-war generation is seen as being modest, they are not very demanding.

While older people are not being seen as an important target group it was emphasised that this is going to change as this group in society is becoming economically very important, both due to increasing portion in society and to stronger self-assuredness in the future.

One supposed reason why so little is done for older people is that "seniors get reductions anyway" (for public transport for example). So they must be satisfied, there is no need to do more for them.

The NIMBY principle (“not in my backyard”) was mentioned as another obstacle for the implementation of measures: I want law enforcement in my home area but I do not want to be controlled myself. The same applies to local supply: Experts argued that if local supply was supported the whole traffic situation would get radically better. But this implies that the individual person has to spend somewhat more money: The cheap beer and noodles are offered in the big supermarkets in the outskirts of the city.

**Ecology**

The media influence the public in the wrong direction: Ecological issues are of little interest nowadays, they are not fashionable anymore. For example, there is a turning away from solar energy while end-of-pipe solutions get more weight: For example electric-powered cars do not reduce volume of traffic, they need as much space as other cars and they consume a lot of energy in production. But there is industry behind this.

**Conclusion experts**

The elderly are seen as a heterogeneous group. The “younger” elderly, up to ~70, usually have fewer problems than those at a higher age, or no problems at all. But for all of them, and especially for the weaker and disabled among them, the preconditions to be mobile are connected to aspects of life quality: Fulfilment of basic needs, independence, comfort, social contacts, etc. And all of them are prepared to make a lot of efforts in order to remain mobile. If one cannot move around autonomously any more this means basically that one becomes dependent on others, or that certain needs simply cannot be fulfilled. This is especially valid in rural areas.

Not only in this respect reduced mobility is seen as reduced life quality. It generally means that one’s possibilities to do both what one likes to do (e.g. leisure time trips) and what one has to do, are reduced. What the experts say reflects that they know much about the preconditions that allow or support elderly persons’ mobility. But still these preconditions are not established to a satisfying degree. Several problem areas are identified:

1) The other – younger - road users, but especially those by car, do not have enough understanding for the elderly, when they are moving and acting more slowly and more cautiously. This causes risks and stress for elderly road users generally, but especially when they walk or cycle.

2) Car traffic is often too fast for elderly car drivers, but more so for vulnerable road users at higher age, for instance when they want to cross the road.
3) The preconditions for walking and cycling should be improved with a special consideration of the elderly persons’ needs, thereby also considering time losses, trajectory lengths and character, and security aspects.

4) Public transport and inter-modal facilities (park and ride, stops and stations that are often accessed by walking) can be much better adapted to the exigencies of the elderly with respect to comfort, accessibility and usability.

5) All other modes suffer from a prioritisation of the car and related technologies, which among other things prevents measures to reduce risks that are produced by cars from being implemented wholeheartedly.

The reasons that lie behind all this are related to what is done – and what is not done - on the authorities’ side.

A) Measures for the elderly are considered as being expensive; but the costs aspect is often exaggerated, because they neither have nor are a strong lobby group that is able to put the responsible representatives of the authorities under pressure.

B) It is not seen that elderly are a fast growing group that in spite of all reductions taking place nowadays have a considerable amount of money to be spent. Nor humanitarian or democratic reasons seem to be enough internalised in order to make decision makers and practitioners take care of the elderly persons’ interests.

C) It is not seen that most measures to the advantage of the elderly also make the lives of many other people and groups easier. Women [sic] with prams or children on their way to school are mentioned in this respect.

D) And last but not least, a psychological reason is identified: Decision makers, planners and practitioners are, according to the experts, usually car drivers between 20 and 65 years. They have difficulties in seeing the world of mobility with the eyes of people who use other modes or who use both the car and the existing transport facilities in a different way from them. There is a disappointing lack of understanding.

SENIORS – MAIN FINDINGS

What do you think about the older people’s mobility conditions today?

The most frequent comment is that there is much traffic with high dynamics. At the same time one’s performance deteriorates and one becomes slower. Too bad that one due to this is chased by the others. There is a lack of discipline, too little law enforcement. At the same time, from a pedestrian perspective, there are many communication problems with car drivers. It should be considered that fast cars are especially dangerous for pedestrians. Other unwanted conditions are difficult infrastructure (steps), long waiting times and detours for pedestrians. It is difficult to cross the road even at traffic lights, as there are too short green-phases. Moreover, pavements are too narrow, while at the same time there are other road users on the pavements that maybe should not be there (inline-skaters etc.). Walking is difficult also because of health problems, and generally good walking facilities are missing. Pedestrians are the weakest road users.

There are complaints about bad public-transport services in the evenings and by night, at weekends. The bus drivers are often not helpful. They stop too far from pavements, and also their driving style is a problem. They close the doors too quickly. Entering busses is difficult
and dangerous because of car traffic. The ticket machines are difficult to handle, information is bad, and the personal service is steadily decreasing. There should also be better signs adapted to senior citizens' physical conditions. Finally, luggage handling in connection with train trips is becoming more difficult.

But it is underlined, as well, that public transport in Vienna is rather positive. There are good connections. Others are helpful, esp. foreigners. However, more feeder services at the city margins or in rural areas would be positive.

It is important to notice that elderly people feel fear in the dark, in underground stations (drug dealers etc.) and when there is too little street lighting. At the same time there is too little police on public spaces.

The comments about cycle paths are that there is a bad level of service, that signs are lacking, that aesthetics are neglected (cyclists and pedestrians are especially sensitive for this), bike lanes missing, difficult, and there is dangerous interaction with car drivers.

Some trips are very difficult if there is no access to a car (shopping, health service). Not to have access to a car means reduced mobility. The situation is especially bad if one is mobility impaired. There are also big problems for women on the countryside. Women often cannot drive a car and public transport is bad. They become immobile.

Other comments: Taxi drivers are not helpful. Parking is difficult, there are too few park- and ride facilities. Traffic noise, air pollution and a lot of congestion are seen as negative phenomena. There is also a lack of information about new laws and rules.

There is not much respect for older people.

**Which typical changes result from ageing?**

According to our interviewees, elderly people become slower, less mobile, more fearful, more careful, more awkward, less self-assured, e.g. in connection with innovation (especially technical) and spirit of the time. There is also some uncertainty because of dizziness. Things are not as easy any more. They do not dare many things any longer, there is less concentration and less strength, vision is impaired, hearing decreases. Pain becomes more usual, particularly in the joints, diseases increase. One becomes tired more easily and more often. Only short distances are possible, one suffers of swollen legs and many need walking sticks. Forgetfulness is another problem. Life becomes similar to an egg-timer: towards the end the sand seems to run faster.

Escalators become difficult to use, slopes are difficult, similar to other physically tiresome things like long tours, transporting things, etc. Stepping in and out public transport becomes more difficult. At the same time, changes occur very slowly. It is difficult to know what one cannot do any longer.

Some problems are connected to reduced income. For instance, if one needs “new” teeth this is very expensive. Problems with social contacts also come along with age: When the husband dies and many friends as well, one becomes less mobile which leads to isolation.

On the other hand one can afford to behave more comfortably, there is less time pressure, one does not run after the bus any more. Less car use and more public transport become usual. If one drives then city traffic is avoided.

One interviewee still feels mobile and does not feel any changes.
Which are the most frequent reasons for seniors to leave their homes?

Most trips are for shopping and errands, according to the interviewed persons. Visiting family members and friends, baby sitting and similar social activities are also frequently mentioned. Many say that they go for walks, for city strolls and window-shopping, in order to see new developments. Cultural activities, like theatre, cinema, music performances, operas, exhibitions and visits to museums are obviously quite usual as well, precisely as visits to coffee-houses and to restaurants for eating. Some report trips to voluntary (non-paid) work or also to paid work.

Some name trips into the garden outside, trips to a second dwelling or garden house, to get into nature, to walk the dog, to swim, and for training, exercise and education. Some also mention trips to the church, trips to social services and visits to graves.

Some other goals of trips that are mentioned have to do with the wish to have some distraction: To drive around the city, to have fresh air. “In the (old people’s) home one does not have a task, not even housework. One goes out, because it is some fun”.

Which influence does the financial situation have on the mobility of seniors?

Many think that the financial situation has large influence on the mobility situation: One can afford a taxi and thereby is much more mobile than others who cannot. This is especially valid on the countryside: Distances are much longer there. In the evening, going by taxi means security: the taxi driver waits and watches out, until one is in the house. The financial situation has also influence on mobility with one’s own car. If one cannot afford a car any longer this will mean a restriction of mobility. If the money is limited, one must do without certain things. E.g. one has to renounce in going to restaurants, to the opera, to the theatre etc. Limited finances also mean restrictions with respect to travelling (especially air travels). One cannot undertake longer train journeys either, because this is very expensive. If one cannot afford a bus in the city and as a consequence has to walk a lot then one has to decide where one wants to go.

Apart from travelling, one has to renounce in many other things if the income is bad: If one has much money, one can afford a good old people’s home, which is not possible for people with "normal" pension. If the income is bad, one cannot afford Internet, therewith missing a lot of information. Money is also needed for staying healthy (good medicines, treatment at health resorts), in order to be able to afford assistance or good physicians. Only if one is healthy one can remain mobile.

One respondent states that if one had a car, one could convert the value of the car e.g. into taxi coupons.

Some say, however, that the financial situation has actually no influence on everyday mobility: Mobility is a matter of attitude. The question is rather how active one is. Moreover, one also gets some reductions (as a senior). In Vienna with the senior ticket one gets everywhere.

Which attitudes does society have towards older people?

Many experience positive attitudes: Other people are helpful and friendly. In the tram and the underground one is often offered a seat. One is respected. “I have the feeling that some are glad that there are also older people.” Positive experiences with younger people are mentioned by some: They accept and embrace experiences of older people much more than
middle-aged people do. Many young people have a better relationship to their grandparents than to their parents.

Some experience certain restrictions with respect to attitudes towards elderly citizens: Part of the respect, they say, is due to the fact that society starts registering that many older people are well-off. One gets offered a seat in the public-transport means, but rather from foreigners and not so much from Austrian pupils. There are interest differences between the age groups, therefore one hears positive (earned retirement themselves) and negative comments (the elderly are lazy, young people have to work for them). Some believe that attitudes depend on the social rank, “in the intellectual circle I feel well, among ‘proletarians’ I don’t”. The behaviour towards elderly citizens also depends on how mobile and open for contact one is. Attitudes are staggering between sympathy, pity and reservation, when they see very old or very fragile people.

Many interviewees report little consideration of elderly people by younger ones, and rather negative attitudes: Mothers do not teach their children to offer older people a seat. One is ignored. Compared with former times, when one was young and beautiful, one gets less respect. Everything is oriented towards the youth: Dishes in the restaurant, clothes, special offers in supermarkets. “I have the feeling that the old persons are a burden”. It is commented that it appears that young persons cannot imagine that one is no longer so efficient when one is older. Society does not want to have anything to do with older people, one gets the feeling that there should be no older people. Seniors are pushed away, as soon as they will not be able to keep house any longer on their own, they will be put into an old people’s home by their children. In the restaurant one is seated into the corner (probably due to fear of contact). Apparently some have the opinion that older people cannot be taken seriously any more. Little value is attributed to the things older people can do and say. The more older people there are, the more problematic it is. “Because of the image reflected in the media in the course of the debate on pensions now one seems to have to feel sorry to be old”.

In some comments, the interviewees express understanding for the younger generation: They have to pay a lot of money for pensions and the old persons become ever more.

**Which fears do seniors have?**

The fear most often expressed is of illness. Illness would have further consequences, for instance that one then has to leave one’s dwelling. Generally a degradation of the physical conditions takes place, one is afraid to become deaf or blind, to become a case for nursing care. Fear of pain or to become completely confused is also expressed, and fear of a bad death.

One is also afraid of loneliness, and especially to be alone in physically difficult situations (illness-caused, injury-caused). One thereto related fear is of loss of independence and to be dependent on others. One interviewee says that she has everything, she is financially secured, but she has depressions. There is a general anxiety, which is enhanced by media reporting.

One is also afraid for one’s family members, underlining that this one cannot influence. The tendency that mankind slowly destroys the world is by some sadly registered. Also some fear that one cannot die in peace - that attempts at resuscitation are made – is expressed.

In the public space one is afraid of being robbed. When moving around, one is pushed around and jostled. Fear of crowds is expressed as well. This is underlined in connection with public transport and one person explicitly says that she does not like to use public transport anymore. Fear to cross roads is expressed, as well.
At the same time, some say that they would not like to move into an old people’s home, they would like to remain as long as possible in their own dwelling. For this, basic autonomous mobility is a precondition.

A few express fear of the possibility that economical conditions change: that one gets no more pension, or so little that one cannot afford a comfortable life any longer.

However, quite a few interviewees insist that they do not have fears, that they think that God will arrange things. Whether one is afraid or not depends on the fact, whether one has an optimistic or a pessimistic basic attitude.

**How do senior citizens cope with the current mobility conditions?**

Most of the interviewees state the opinion that on the whole they cope well with prevailing mobility conditions. In some cases it is added that one has to avoid certain times and certain situations in order to cope well. Public transport is referred to positively in connection with the coping question.

Barriers are mentioned for those who have not enough money for taxi or public transport, for mobility impaired persons (“there are a lot of barriers”) and for very old people, who obviously are considered to some degree as mobility impaired. But “they have to get along”. For them life is difficult. They are dependent on assistance of younger persons. It is also mentioned that one has to be much more careful in traffic if one is hard of hearing or vision impaired.

Many problems of heterogeneous types are mentioned: Older people often stand for a very long time at the zebra crossing because drivers do not stop. Underground tunnels and underground stations are scary in the late afternoon/in the evening or by night (e.g., due to fear of many recesses, potential drug dealers, etc.). Pavements are too narrow. Paving stones can be problematic for walking. Street signs are either difficult to read or missing. Traffic noise and air pollution are disturbing. If one rides a bicycle one is harassed by car drivers. But also being harassed by other drivers due to one’s own slower driving is a problem.

New trains and wagons where the entry/access is improved (low floor entries) are considered very positive. The same is valid for 30 km/h zones and for traffic calming measures, as well as for broader pavements and elongated board-walk corners.

**How do seniors maintain their physical and mental health?**

The interviewees most frequently mention physical exercise, walking, gymnastics, senior-dance classes, senior-winter sports, swimming, cycling, ergometer training. Some do some help-work in agriculture. Some report that they get a massage regularly.

Staying mentally active is considered as very important as well: Cinema, reading, radio, French-conversation classes, writing are mentioned, as well as Tai Chi, meditation, to solve riddles and other forms of mental training. Giving lectures, painting, playing computer games and internet surfing are in some cases referred to. One interviewee tells that she organises the financial things for the household (for the flat-sharing community).

Some report social activities like journeys with friends or travel groups, playing and having other activities with the grandchildren and discussions with friends.
Cultural events seem to be of some importance as well: Theatre, cabaret, concert, exhibitions and museums. To attend literature courses and literature groups and bible and theology groups are other social activities referred to.

In order to remain healthy it is of course important to have medical care. In this sense quite a few interviewees state that they go to the doctor and obey his/her instructions, they do regular health checks, that they look after their psychological health as this is connected strongly with physical health ("I am psychotherapist, I attend supervision sessions"), and that they undergo regular treatments at health resorts.

Some underline that it is very important to look after one’s personal appearance: To take a shower daily in the morning, to pay attention to weight, to balanced diet, to go to the hairdresser, to see to it that one wears nice and clean clothes.

Mental hygiene is an issue for some, in the sense that they do not let negative associations come up: They watch television and read in order to entertain themselves, they try to avoid difficult topics and situations, they watch only merry films in the cinema. One person says that she does “not watch too much television”, obviously because of the many bad news there.

Finally, one group of comments is about not taking “everything” – life and ageing - too seriously. They say that they take it easy and do not do very much exercise anymore ("compared to former times, when I was a very active gymnast"), that they are content, as it is. "I do not at all make big attempts to maintain mental and physical health".

**How do seniors organise transport over short and long distances?**

One very frequent way to organise trips seems to be based on assistance by other people: By children, relatives (one is brought by car), by neighbours and by friends (they “play” chauffeur - partly also in exchange for payment). "I am given trips for my birthday sometimes". Train journeys with one’s children and motorcycle rides with a sidecar as a passenger are also mentioned.

In Vienna the taxi seems to play quite an important role in this respect. Part of the interviewees also mention car use (one’s own or a borrowed car), and equally often walking is mentioned as a usual transport means. Others make use of travel and transport services in Vienna. In urban traffic also the bicycle plays a certain role, even if this is certainly not a dominant one.

For longer journeys quite a few say that they go by train by themselves regularly. On journeys one can book hotels which offer transfers to and from the hotel. There are also collecting services for treatment at health resorts. Finally there are collecting services offered by the Austrian Railways Company, and organised bus journeys. One interviewee says that he still uses the motorcycle regularly.

In order to buy things, frequent use seems to be made of delivery services. Things are chosen from mail-order catalogues, especially with respect to the delivery of large things (e.g. washing machine).

Some say that they have given up air journeys. Others undertake no more trips or journeys at all, “there is everything in the old people’s home”.

**From which kinds of assistance/help/services do seniors benefit?**

Many seem to make use of home assistance (tidying and washing). Others get help from their relatives (son, son-in-law, male relatives, daughter, daughter-in-law, female relatives,
husband) and their friends. In some cases assistance is paid for: “A lady with car has a sort of travel service for other old people’s-home inhabitants”, “an acquaintance looked for young people for assistance over an advertisement, because he is visually impaired”, “a professional nurse helps me”.

Other services that are mentioned are meals on wheels, the standard service in old people’s homes (breakfast is served in the room, physicians come into the house), or the assistance by somebody else in the household (e.g., in private elderly housing communities).

Some say that they still go to restaurants by themselves, and that they do not make use of, nor need, any help or assistance at all.

**How do seniors spend their spare time?**

The comments concerning the ways to spend one’s spare time are very similar to those given as an answer to the question what the interviewees do to maintain their physical and mental health. The activities that are mainly mentioned are going for walks, cycling, swimming, garden work, sauna, cooking and, quite generally, housework. Senior gymnastics and sports in clubs, senior-dance classes and senior winter-sports are also frequently referred to.

Social activities that are named are visiting friends and relatives, visiting coffee houses and restaurants, playing cards (Bridge and Canasta), babysitting, taking part in discussion circles, spending time with the spouse, going to church, maintaining contacts with the younger generation, giving private lessons, helping and assisting friends or one’s wife, taking care of work in the church, and visiting graves.

Travelling also seems to be a preferred activity, like trips by the day into the closer vicinity, trips on vacations, going around in the city and journeys, even longer distances, with friends or travel groups.

Reading is a favourite activity even if it becomes more and more difficult because of deteriorating vision. Cultural events also are appreciated very much, like theatre, cabaret, concerts, exhibitions and museums. Some also mention artistic activities (painting, singing, writing poems), and doing handicraft work. Important pastimes are also television, listening to CDs and cassettes, computer use and internet surfing, listening to the radio, going to the cinema, attending training and education courses and solve crosswords.

Some underline that it is necessary to be active and to do everything that is possible in order to avoid monotony. “I nearly get stressed, because there are so many things to do in the old people’s home”.

For one interviewee getting old is associated to being bored, and for one the main goal is to go into a senior’s club “under no circumstances”.

**Why do some seniors avoid outdoor activities?**

The explanation given most often refers to health and fitness aspects: Impairments (bad hearing and vision), diseases, pain and frailty, or simply “because they are too old” (“in former times being too old began with approximately 70, today only starting from approximately 80”).

Other reasons that are more on the psychological side are fearfulness, insecurity because one cannot cope with the changing world, complexity of public life and on the streets, fear of darkness and fearfulness because of the traffic intensity and of crowding.
Some interviewees mention difficulties to get in contact with others and to maintain contacts (because one is “dying off”), one becomes more shy, “many isolate themselves”, there is lack of communication, social fearfulness due to bad experiences and fear to be rejected: Solitude results thereof. “If the partner has died there is no more task and no motivation to do something.”

Inactivity (also mental inactivity) is observed by some. “I look out of the window or watch television just to pass time”. There seems to be an increasing general uneasiness, rigidity and idleness. The fact that there are no more obligations often changes into a negative attitude. The word depression is mentioned. If one is of an age where virtually everything is past, one does not go out anymore. “It is not in to be old and frail”.

Sometimes there is a lack of comfort, sometimes there are more severe physical problems like bad weather and ice. But most problems could be overcome: It is said that many are too proud to use a stick or a wheelchair and so they cannot go out any longer. Many do not show any interest in the opportunities that are there, they rather watch television. Many older ones make no more larger journeys, even if they physically could do so and if it was financially possible.

One interviewee however underlines that to go out (in the evening, exhibitions) has become very expensive and that therefore a reduction in outdoor activities is connected less to one’s mobility situation than to the financial preconditions.

Some comment that a reduction in mobility is a matter of character and attitudes. Not least, this is dependent on the education that one has received. One remains with his/hers habits. Things which one did not do in the past he/she won’t do in the present even if this would be possible now (e.g., because there is time and money).

Some believe that one’s own activities depend on what neighbours and friends do or do not do. In some cases the “life-style becomes a fetish” – people believe that they have too much work in the house or in their apartment and they do not have time for anything else.

By one interviewee it is seen as a problem that one has a kind of family in the old people’s home, one goes out only reluctantly. But “if old persons remain only at home, then they die soon”.

What enhances the mobility of senior citizens?

The public transport network in Vienna was seen as very positive by the older people as it is very well developed. Many stated that they like using public transportation in Vienna. Basically everybody can get everywhere there. Also the intervals of the public transport was lauded, one never has to wait long. Apart from that the fact that one can get very fast from one point to another with public transport (especially with the underground) was seen as very positive.

All measures which have been taken to improve access to public transport were considered as enhancing the mobility of older people. These are facilities as: low-floor technology (trams and busses), lifts and escalators, extra steps that are deployed when one exits a tramway, panels at the stops indicating when the next tram (train, bus) will arrive. Also measures for financial access such as senior’s tickets (reduced fares), annual season-tickets were seen as very positive.

As pedestrians older people enjoy to have enough benches to sit down in public places. While on the countryside having pavements at all was seen as positive the older people in Vienna considered broad pavements as a very important facility as well as pedestrian zones and 30 km/h areas.
Traffic rules as such and compliance with these rules by all road users were points frequently mentioned as well as law enforcement. Older people value help from others, considerateness and supportiveness.

Older people seem to feel safe at pedestrian crossings with traffic lights. They noted that long green phases for pedestrians are helpful.

The vicinity to nature (Vienna forest, Danube, etc.) was seen as a very positive aspect of life in Vienna.

Concerning the question of what facilitates being independent in their household in everyday-activities it was mentioned that the necessity to be active, to do something is of major importance. Fighting against getting old and remaining mentally and physically active supports independence and autonomy.

Social (family and friends) and financial security are also of importance. As is the social and local network: local supply, delivery services, services such as “meals on wheels” or “taxis for the ill” (transportation for treatment and therapy) and also the possibility to move into a pensioners’ home with good service and attendance, etc.

What limits the mobility of senior citizens?

One problem was seen in the general traffic situation: too many cars, too much traffic, too much noise, deteriorating air quality and increased ozone-concentration.

Generally inconsiderateness, egotism, ruthlessness and lack of patience were criticised. In particular inconsiderate and ruthless car drivers (which is seen as the main reason for accidents) – they cause insecurity both for older pedestrians and bicyclists but also for older drivers. Reduced vision and hearing, impaired walking abilities and general frailty enhance the risk of accidents and accident consequences become more and more problematic.

Badly visible and badly understandable traffic signs cause annoyance, especially on “complicated” roads such as motorways or in stressful situations (unknown routes). Also time tables at public transport stations or stops were criticised as not being “senior-friendly” regarding their format and design.

It was said by the interviewees that older people were frequently attacked in road traffic for being slower than the other road users. Often other people say they should stay at home and should not disturb traffic. When one gets old and fragile there is little support from others but you rather get pushed aside.

Older persons should not be embarrassed to ask for help when they need it.

Public transport

On the countryside there is a considerable lack of public transport service. Often only twice a day there is a bus to a larger city. If one needs something one has to spend half a day on the road. From Saturday noon to Monday morning there is often no public transport connection (busses) at all. The timetables are made for commuters and pupils only. When going by train usually you need a means of transport to reach the train station, while using the bus is difficult because of the inappropriate times and difficulties with carrying luggage. Therefore one has to rely on the car or on the help from others. On the countryside public transport is not good enough to allow for cultural activities.

Public transport was generally seen as not being too “senior-friendly” with regards to the vehicles used (no low-floor vehicles), especially trains are still not equipped with this technology. This makes entering and exiting public transport vehicles extremely difficult (“to
enter an old tram or train is like mountain climbing”). There are too few low-floor trams in spite of the fact that older people like trams most of all public transport means.

Many older people feel disturbed by vandalism and graffiti in public-transport vehicles as well as by the increasing number of thefts in public transport.

The driving behaviour of public transport vehicles (both busses and trams) cause great annoyance: Rough starts and brakes, or too high speeds in curves for example. Furthermore it was criticised that drivers often do not wait for older people to be seated before they drive on and doors are closed in spite of older people not having completely entered or exited. Drivers who drive away although they see that somebody comes running and unfriendly, non-supportive drivers who do not want to help when people would like to ask for help.

Bus drivers were criticised for not driving near enough to the platform, so that one has to overcome a large gap when entering or exiting. Generally the often very large gaps between vehicle entrances and platforms cause trouble.

Access to public transport was criticised with regard to accessibility: often there are no escalators or only escalators in one direction. In underground stations one has to walk long distances, often through darkness. Dirty and smelly corridors to get to a lift are problematic if you are dependent on lifts. Underground stations are also a place of fear, especially in the evenings when only a few people are present, older people are afraid of provocations and assaults.

Some people do not want to use the underground because it causes unpleasant feelings on the one hand and one also does not see much of the city. This argument comes along with the one saying that more trams would be a better investment than more underground. There are too few conductors or other personnel in the trains or at train or underground stations who can be consulted in case of problems.

At railway stations they changed from large information panels (for the departures and arrivals) to small video screens, often placed in extremely high positions, which makes it extremely difficult to read.

Concerning ticket prices it was argued that they were very high in spite of the reductions for older people. And it is underlined that you can only get full reductions if you purchase your ticket via automates or via the internet which was seen as unfair especially for poor and older people.

**Pedestrians and bicyclists**

Major annoyance is caused by the short crossing times for pedestrians at traffic lights.

Annoyance is caused not only by infrastructure but also by the behaviour of the other road users: ruthless car drivers, especially when they do not stop at zebra crossings, ruthless bicyclists and inconsiderate roller skaters and in-line skaters.

The combination of walking and cycling paths were considered as causing problems of communication between pedestrians and bicyclists, resulting in frictions and accidents. In addition to this fun-sports equipment used on pavements were seen as dangerous for older people.

Dog excrements and dogs without muzzles and ropes are a problem for many older people.

Risk of slipping because of dirt on the road or in wintertime when the level of service is bad, snow not taken away, is also mentioned as being problematic.
Feelings of insecurity are caused by darkness in general and also when there are no other people around and no police visible or guards to address in case of problems. Older people are afraid of assaults and theft and are thus afraid to go alone into parks or cemeteries.

Insecurity was also expressed in connection with bicycling. Some stated that they do not use the bicycle anymore because they feel unconfident in traffic.

In rural areas older people avoid walking along the rural main roads as there are no boardwalks and zebra crossings.

Independence is limited due to physical constraints on the one hand such as frailty, visual and hearing impairments, etc. and on the other hand due to the local environment which is not helpful for older people. In rural areas for instance there are no shops “around the corner”, often there are villages without a shop at all. In combination with poor public-transport services this is a huge problem. This problem of course also appears in urban areas with decreasing local supply. The transportation of the goods is often very difficult.

**Which measures are necessary to improve the situation?**

Everybody has to learn to live with the existing traffic preconditions. Local supply facilities are decreasing, which has an impact on mobility. There is a need for political measures. Senior associations should engage themselves more with regard to this issue.

Some comments refer to security: More police patrols are asked for, in the parks there should be guards.

Others refer to the situation in traffic. Elderly citizens are seen as being mostly either pedestrians or users of public transport. There should be more zebra-crossings and better and safer crossings for pedestrians and extended traffic-light phases for pedestrians. Car speeds should be reduced (already starting with the production phase). More 30km/h zones and traffic calming measures are seen as being needed at strategic points (schools, hospitals, homes for the elderly, housing developments, children’s playgrounds, etc.) in order to provide safety and security for pedestrians. Additionally, grass-strips between pavement and carriage way are suggested. Pedestrian traffic lights at each crossing are demanded. Pavements should be there exclusively for pedestrians, and they should be broader. Too long walking distances within stations (underground, trains) should be avoided. In order to get rid of all dog excrement that especially disturb pedestrians a psychological procedure is suggested: to emphasise the positive aspects of such campaigns, e.g. that the dog friendliness is increased, if dog poop is cleared away. Generally more walking facilities are asked for.

There should also be more and better equipped public transport: More feeder services at a reasonable price for rural areas with lacking local supply; more service/personnel on train and underground stations; more low-floor vehicles; more considerate bus and tramway drivers (no accelerations and braking while one is still searching for a seat); better signing and clearer information on trains and train-stations (adapted to the needs of elderly), more acoustic information in addition to signposts and panels; better guiding. In the rural areas bus services should not be exclusively oriented towards commuters and pupils. It is seen as a major problem to get away from rural areas at weekends and in the evenings starting from 18:00, which makes going to the cinema or theatre difficult or even impossible. There are very bad transport connections in the country, and still reductions of trains are taking place.

Dirty trains and stations are criticised: there ought to be more controls and punishments. If there were more well maintained public toilets with free access then also the stations would be nicer and cleaner. A renovation and extension of stations is asked for, there should be
public-transport stops in front of homes for the aged, as well as the introduction of sensible and cost-saving alternative public transport at places where there is no public transport yet.

Ticket-automates are difficult to handle (public transport) and should become more user friendly. More and improved park & ride facilities are needed.

It is recommended to generally promote public transport and to encourage people to use it as well as to cycle and to walk. "Persuade younger senior citizens to use the bicycle". Society should cut down on individual motorised transport instead, e.g. by expanding and improving public transport and in parallel introducing car-free days, by raising petrol prices, etc. The raising of gasoline price would limit automobility. Diesel-taxes should be raised – "there are too many trucks on the road". "Car-traffic regulates itself as there are too many already".

Driving a car is obviously seen from contradictory perspectives. On the one hand it is said that driving licences should be taken away starting from a certain age, since reactivity and concentration ability decrease strongly. On the other hand better signing on roads that is adapted to the needs of elderly is asked for, as well as better assistance by other road users, if they see that someone has problems. Systematic information on (new) rules and regulations concerning traffic and wished-for behaviour (for example roundabouts) should be provided.

For the general traffic situation, that obviously is also commented from the perspective of a (former) car driver, more consideration and discipline are asked for. Road safety training, already in schools should provide this. There should be more police and higher fees. "Better discipline on the roads" is more or less equalled with observance of speed limits and other important rules. Offending drivers should not be warned, but the strongest punishment should be imposed.

Part of the comments reflect the situation as being positive; no measures are seen as being necessary, everything is fine (on the whole). Many things are done anyway.

What kind of technical development is necessary to facilitate senior citizens' mobility?

The interviewed persons mention electricity-powered road vehicles and automatic gearing in the car. For mobility impaired persons walking frames and electrical wheelchairs should be further developed. At stations lifts are necessary. But it should not be forgotten that assistance by other people is also important. "Mobility is not a problem which can be solved in a technical way – this is rather a question of what attitude children, their parents etc. have. One interviewee says that no development is necessary because people are much too mobile already.

What should be done by the society to improve mobility of senior citizens?

Society should show more understanding/consideration and more respect towards older people. Austria is a positive example: Also older persons still get new hips etc. (this is not the case in England). The experience of older people should not be dismissed as being worthless. Society must be enlightened. Children should influence their parents to remain active.

Offer transport services. Make travelling by train cheaper Europe-wide. Introduce call-collecting taxi. Older people have to be animated to use offers, e.g. with the help of special courses. Senior citizens associations are very good in this respect. Differences between men and women are noticeable: Women are more active. They attend swimming classes, adult-education centres etc. You can get through to seniors by means of television.
On the personal level, one should simply be helpful. Everyone should go for a walk every now and then with an older person.

**What should senior citizens do for themselves to increase their own mobility?**

First of all one has to look after oneself in order to remain healthy. Go to the physician regularly. Have a healthy diet.

In order to increase one’s own mobility one has to remain fit with the help of sports, gymnastics and similar exercise. The safest means of transport are one’s own feet, walking is also healthy. The less I use my feet the less well they work. One should take every opportunity to go out of the house. Go out among people, also among young people, be active and do not isolate yourself. Blend into the world and do not think that you are always the most important person. Remain mentally active (e.g. reading). Maintain activities of the past and do not only sit in front of the television, because this means death for any kind of activity. Also approach other people and do not be too proud to ask for assistance.

One should have the heart to go outside despite inhibitions. Be challenged, overcome your fears and do not let yourself be drawn back by negative things. Do not give up and think positive. Omit envy and distrust and stop whining.

Do not lead an egocentric life but look around yourself and help your neighbours. Make use of the courses, that are offered (e.g. at adult-education centres). Be interested in something.

**Which access to information on useful services do senior citizens have (in connection with mobility)?**

People receive information mainly from newspapers and television, but also from brochures, by telephone, from friends and acquaintances, from the internet, from senior magazines and from the travel agent. At the district council there is information available, the social worker at the hospital (after surgery) has information to offer, time tables are available in homes and households. In a home for the aged all information is available at the reception desk (also about time tables, etc.). One can also get necessary information from the official information-desks of the federal countries, at the train ticket counters, in the frame of senior days in the city hall/town hall.

One can ask one’s children and other relatives or turn to other helpful persons. “You simply have to ask your way around”. If one goes by taxi one can ask the taxi drivers.

Some comments warn of trying to be autonomous, or they reflect a sceptic view in some other way: Under no circumstances try to go anywhere alone. Internet is unsuitable for older people as a source of information. And “there is no sophisticated senior’s’ magazine”, neither on television nor on paper.

**What should be changed in a process of education to improve the approach of young people to senior citizens?**

Promote mutual understanding for each other. Project work in old people’s homes, like kindergarten in old people’s homes would help. At school there could be meetings with older people during classes. Real time meetings are more useful than only talking about the generation gap. Learn to handle conflicts – including generation conflicts – , teachers must
SIZE Deliverables D5 & D6

be trained accordingly. Respect for the older persons should be taught, although this has limits, of course. Older people can be asked for advice.

People must learn to notice, what the other one needs. One could sensitise young people via television or youth magazines. Adult-education centres are a good institution – there young and old learn together.

In former times old and young lived under one roof. It was more natural that the young took care of the old. This also fits the point of view that education is a task of the family; under the condition that the family is working well then the approach to older people is there anyway. But of course young people have to be made aware that they become old as well.

Nursing staff should be supported and above all better paid. Girls should also do community service like the boys and work as nurses for the elderly.

**What prevents measures considered useful from being implemented?**

The main reasons according to the opinions of the elderly are financial ones and that there is no pedestrian-lobby in combination with the fact that pedestrians are 2nd class road users. This is seen as relevant because elderly road users are obviously equalled to elderly pedestrians by many. But there is no lobby group, and there are conflicts of interests with other groups that have much more power, money and influence then the elderly and their representatives. Therefore, taking certain measures is unpopular, especially those “against” car-drivers. Consequently, decisions in favour of the elderly are often not taken and responsibilities are shoved to somebody else. Declared political intentions with the elderly as a priority are missing. A rethinking in transport policy would be necessary, especially with respect to the prevailing preference of car drivers. But they bring the money, not the old persons. To some degree there are also ideological reasons that lie in the background. The “strong” people, those who “move things” are car drivers.

Anyway, there is a need for better co-operation between local, regional and national authorities.

**Which barriers (apart from financial barriers) impede the implementation of measures?**

The interviewees complain about idleness of the responsible persons. There is too little decisiveness on the implementation side. The main reason that is given, as said above, is that elderly citizens do not have a lobby. Neither official persons nor private entrepreneurs seem to be aware of the fact that senior citizens are actually a financially quite powerful group (e.g., important for advertisements etc.). They are also willing to spend their money if this improves their life quality. But still car traffic has always the priority, and especially a smooth traffic flow (where traffic is always equalled with car traffic) seems to be of highest importance. Walking seniors are probably not seen as “traffic”.

Some feel that senior citizens are not really represented in parliament, and the influence of the senior-citizens associations of the different political parties seems to be very small. There is no concentrated economic strength there (even if they have money individually): If senior citizens go on strike this does not bother anybody. Summarising, economy is not interested in senior citizens and politicians are close friends with economists at the moment. Therefore, it is felt, politicians do not do anything for the elderly.

Finally, civil servants at their desks decide what to do, without knowing much about the situation in the “real world”.

78
**Which decisions taken by the government slow down implementation of measures?**

Only few comments were given to this question: One refers to the budget, and that everybody has to save money. But in reality, many things are put off due to conflicts of interests and there is no strong lobby to fight for the needs and interests of the elderly. The result is that there are long debates, but then nothing happens – obviously because there is no pressure to make things happen.

**Which national/regional characteristics are barriers in implementation of measures?**

The interviewees mention rigid structures, centralism, the lack of interest in the EU, and that there is no understanding and tolerance. On the other hand, many things happen on the social sector (home assistance, meals on wheels), there is neighbourhood assistance. But still the basic situation has not changed in the last 40 years. There is “Austrian cosiness and comfort” without really serious efforts. Seniors are only important in election times, after elections no one remembers the promises made. In other countries older people are more respected (e.g. Italy). This is connected to our culture: for many years the country has been built up and the older people were increasingly forgotten. The Austrians are much too easy-going. The Germans treat things completely differently. “But I do not know whether (taking things that are relevant for the elderly) too easy is a Viennese or an Austrian phenomenon, or whether it is the same elsewhere”.

**Some seniors have the opinion that seniors’ representation in public forum is insufficient. What could be the reason for this?**

Some of the interviewees say that the interests of senior citizens are well represented. Others make more sceptical comments: That the picture “young and beautiful” is transmitted via advertisements; and that of natural reasons it is always better to be beautiful and young than to be been old and ill. Senior citizens are not in the working process anymore, they do not contribute to economy, nor do they contribute to society. Therefore they are of little value. The value of what senior citizens do for society should be highlighted more. In this respect, there is too little presence in the media.

It is often said that “there is no money”, but to interpret things in this respect is a matter of political circumstances. If all senior-citizens representatives of all parties would come together they would be able to represent the interests of older people much better. The professional representatives of senior citizens (from the two biggest parties in Austria) are more interested in winning more voters for their party, and these need not be elderly voters.

The older people today belong to a group that never learned to fight for their rights. They never did so in the past: Protest, be demanding. The background for this is their education, the reactionary political system in which they grew up, where their own opinion was not asked for. They are still afraid of authorities. The “new old generation” handles this much better.

It is also stated that older people do not have many interests themselves – everybody lives isolatedly, nobody wants to step in and become active him- or herself.

Those who represent seniors at the moment are not qualified. There should also be younger people, who engage with older people to improve the network between the generations.
What impedes communication between the younger and the older generation (generation gap)?

According to the interviewees understanding for each other is missing, and there are many prejudices. Young and old have grown up completely differently. The young people today do not appreciate the good life they have. “We were much more thrifty, had quite different moral concepts”. Older people have experienced deprivations due to wars, the younger people have always had everything – and perhaps too much. Young persons should acknowledge that the older have done much and developed much. Older people are annoyed by the consumerism of young people and by their carefree living. The “high-speed life” of today is watched suspiciously.

Egotism prevails, everybody only thinks of him/herself. Thus the generations live secluded lives, there is no dialogue. People do not talk with each other as much as they should. But when they talk to each other, both sides should be more careful. Of course there are some difficulties, there: Older people should become aware that the young ones are not bad but often only ill bred and this is not their fault. Older people also should accept that the young people have their own opinion. Some older people think that they know everything better. Young people have their own language and their own world, that also reflects presumptuousness. But “youth is different, more generous. They are taught to be egotistic by the old”, is another point of view.

In any case, younger and older people are of different opinions in many things, which is not negative at all per se. However, both sides have to try to put themselves in the other’s position. It is the fault of both sides if things do not work. Communication has to be improved by training it: You have to establish contact with young people. “I do not have problems with this, from my former job I am used to being among young people.” Older people should not wait for the young to approach them but they should become active themselves. Also the church should interfere and mediate.

Much of this depends on the family background, but also on the individual characteristics. The interviewed persons refer to a decay of the family. There respect of younger people for older persons is missing. But communication is difficult even there: Grandparents should show their interest in their children and grandchildren, but at the same time they should not interfere too much. On the other hand, the grandmother is often only needed (and used) for babysitting but is not integrated into the family.

Some more special comments were made as well: That there are many young people from the East (Eastern Europe) in Austria, they do not know our attitudes; and that to argue that there is a generation conflict is fashionable at the moment. Young people do not understand that older people are not so quick, also mentally. Old people cling to the past and are often reluctant to accept new things.

One rather depressing comment on communication, finally, was that “I have never made bad experiences because I do not have outside contacts”.

Conclusion senior citizens

The interviewed persons, when describing their overall situation, underline very much the weight of communication problems with other road users and age groups. Even if they agree with the experts in many respects concerning accessibility, usability and comfort problems, even in detail, they are very sceptical as far as improvements in the future are concerned: The reason for this scepticism is that they do not feel there is enough interest in their problems. Consequently, many suggestions for improvements in the future refer to measures to improve mutual understanding between the age groups – education, campaigns, etc.
Thereby, the interviewees express also criticism of their own age group: Many elderly citizens are considered to be too egocentric, too rigid with respect to contacts with other people and changes in society, too inhibited and too little self-assured. Representatives of the elderly, who could set different activities to mitigate or solve the problems mentioned, are seen as being too weak and not being able to achieve much.

The problem of lack of money that is often referred to is partly seen as dependent on the argument above: Budgets always have to be established on basis of setting priorities. And according to the interviewees the elderly are simply not prioritised – see above. As a consequence of this, awareness-raising measures that are addressed both towards the general public, towards decision makers and practitioners, and towards the elderly and their representatives themselves are suggested. It should also be tried to form pressure groups for better lobbying, e.g. by having the elderly associations of the different Austrian parties work together.

Mobility conditions are seen as being rather good in the larger cities in Austria, but rather or very poor at the city outskirts or in rural areas. There, one either becomes immobile, or – what is disliked most – dependent on others.

Practical measures that are suggested are to a large part well known:

- For pedestrians broad pavements where one does not have to intermingle with bicycles, skaters, etc., enough seating facilities, shorter crossing distances, shorter waiting times at traffic lights, and longer green-light phases for ending crossing the road, fewer subway crossings and tunnels, better control of vehicle speeds and car driver behaviour.

- For public transport users, more low floor vehicles with good comfort and ergonomically placed seats and handles, better placed stops and stations, clean stations (especially toilets there), more considerate driving style of tram and bus drivers, more personal communication and service generally; at the city outskirts or in rural areas either the existing public-transport facilities have to be improved, or innovative public-transport systems have to be introduced.

- For bicyclists more cycle paths and again better control of vehicle speeds and car driver behaviour.

- For elderly drivers all measures that de-dynamise the traffic system, at least “down” to the legal level, are of great importance, the importance of new technology and ICT (ITS) is not considered as very prominent.

- For all groups an improved local supply that keeps the necessary travelling distances short is considered of great importance.

CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION-MAKERS OR POLICY-MAKERS

How do older people cope with their mobility conditions in Austria?

Especially in rural areas mobility conditions for the elderly who have no access to a car are considered as being poor, both by the experts and by the interviewed senior citizens themselves. Local supply is bad there and public transport is not satisfying if existing at all. In Vienna, those who are fit and healthy have usually no practical problems, but it is
nevertheless perceived that the elderly are neglected in many respects and that those who have health- and fitness problems tend to be marginalised by the existing preconditions.

The general opinion is that as long as older people stay both physically and mentally mobile they cope well. The main problems that lead to poor coping are rigidity and inactivity of the elderly citizens themselves. The representatives of the elderly do not do enough in order to counteract these phenomena. The interviewed persons claim for themselves that they try to remain active both mentally and physically. From the interviewed experts there are no comments that blame the elderly themselves for not doing their best in order to cope well with the given circumstances.

What improves or enhances mobility of senior citizens in Austria?

Society should show more understanding/consideration and respect towards older people. Society must be enlightened. Children should influence their parents to remain active. Transport services should be offered. Travelling should become cheaper. Innovative public-transport systems should be introduced where it is difficult to have satisfying public transport. Older people have to be animated to use offers. On the personal level, one should simply be helpful. "Everyone should go for a walk every now and then with an older person".

The experts know and name a lot of technical and practical solutions to improve the situation, but do not focus so much on the society’s attitudes towards the elderly. However, they state repeatedly that lobbying of elderly groups viz. of elderly representatives should improve.

What limits the senior citizens’ mobility in Austria?

Both senior citizens and experts agree that elderly citizens’ problems, in spite of being known and mentioned, have low priority in comparison to other measures. This results in a systematic lack of finances, as financing is connected to the set priorities. Bad or missing lobbying is one reason that lies behind this low-priority status. The interviewees of the elderly citizens group ask themselves the question what practical possibilities there are to change this status.

With respect to the barriers that exist in practice, the experts mention a lot of technical and practical aspects, while the elderly themselves consider the societal attitudes towards the elderly as being most important. Also, the elderly people’s own inactivity and rigidity are blamed. Many elderly citizens are considered to be too egocentric, too rigid with respect to contacts with other people and changes in society, too inhibited and too little self-assured.

Representatives of the elderly, who could set different activities to mitigate or solve the mentioned problems are seen as being too weak and not being able to achieve much.

What measures are needed to improve the elder’s mobility in Austria?

The elderly themselves stress the importance of self-educative and educative measures. According to them, coping should be improved (being active both physically, mentally and socially) as well as fighting for their own rights, including the help of organisational measures and lobbying.
The experts focus much more on practical and technical measures, they produce long and detailed lists in this respect. But they also underline that lobbying is a most important area to be considered much more in the future; the interesting thing is that in part this aspect is mentioned on basis of their own experiences. They know that in some cases they have not been as active as they could have been, because there was pressure from other groups – especially the car lobby – that prevented measures to the advantage of elderly citizens to be implemented. Thus, a strong lobby group of the elderly could be a welcome support for those practitioners who want to do more for the elderly citizens.

**What prevents measures considered useful in Austria to be implemented?**

The main reasons according to the opinions of the elderly are financial ones and that there is no pedestrian-lobby in combination with the fact that pedestrians are 2nd class road users. This is seen as relevant because elderly road users are often pedestrians. As there is no lobby group, and as there are conflicts of interests with other groups that have much more power, money and influence, needs of the elderly are often neglected. Taking certain measures is unpopular, especially as far as those “against” car-drivers are concerned. Consequently, decisions in favour of the elderly are often not taken and responsibilities are shoved to somebody else. Declared political intentions with the elderly as a priority are missing.

The experts mention lack of lobbying, and the “new economy” that makes it difficult to spend money where there is no immediate return. But aspects are related to each other. A more philosophical problem – that however is not independent from lobbying and economy - is that elderly have low status.

**Implications of this findings for decision or policy making in Austria**

It would of course be easy to say that all points that have been criticised above – but also in many other studies before – simply should be implemented or at least seriously supported by the decision makers. But in reality, the project SIZE has not yet led to ideas that already could be transformed into concrete recommendations to decision makers. However, we hope that by the intensive communication between research and practice that is carried out systematically in the frame of this project, some ideas will be developed on how the involved people and groups could motivate both each other and themselves to implement measures in practice. It looks however as if supporting and even financing lobby groups, possibly connected to some sort of quality assurance of their lobby work, would be a good “starter”.

**Recommendations for future research**

When starting SIZE the main working hypothesis was that there is a relationship between mobility conditions for elderly citizens and their life quality. At his stage, it is easy to imagine that such a relationship exists, and that it will be possible to show what measures have the potential to improve mobility preconditions. What is more difficult is to show with the help of research what can be done to motivate all the involved parties, including the senior citizens themselves, to make serious efforts to implement those measures. In this respect to go further along the line of SIZE by making use of communication models, especially marketing models, seems the most sensitive thing to do at this moment.
GERMANY [PARTNER 03]

Institute for Psychogerontology, University of Erlangen-Nuremberg: Prof. H.J. Kaiser & Dipl.-Päd. Bertram Kraus

EXPERTS – MAIN FINDINGS

Experts’ knowledge about actual motivation, fears and routines of the elderly

It is nearly impossible, so the experts, to give a general answer and a consistent estimation about the mobility situation of the elderly. A lot of differentiation must be made. One has to split up or to subclassify according to:

- the settlement structure the seniors are integrated in (urban, suburban and rural areas offer different opportunities and possibilities of being mobile),
- the sub group of age a senior belongs to (the “young old” have very little problems, while the “old” and “old old” have more, “young old” can compensate deficits better than “old old”),
- the mobility mode or kind of traffic participation (pedestrians and cyclists have to face more risks than car drivers),
- the access to a car (using a car is not only a mobility mode with less risks but also an excellent means of bridging far distances),
- the gender of the persons (women make many ways in order to organise the every day supply; they use public transport means more often than men and they have less access to own cars),
- personal and subjective aspects of behaviour ("life style", attitudes and emotional factors, for example feelings of safety or insecurity, influence mobility behaviour as well as the behaviour towards the elderly),
- social aspects of the situation of an individual (an existing rich or – in the contrary - defective social network determines quality and quantity of mobility as well as the targets of mobility),
- the range of mobility (mobility conditions for the far distance area hav improved in contrast to mobility for the near distance area),
- accessibility of public transport and public services for daily use in foot-range as an effect of economical and political decisions. (e.g. centralisation, reducing stops-stations).

When human beings are growing old, their social competences are needed to face the challenges of every day life; some new social competences are to be established. Because social competences are formed in the frame of a social network, mobility is needed as a basic condition for this process. But older people should be able to get around the city as well, without fear of injury or crime in a functional infrastructure with good access and accessibility to transport and housing as a prerequisite for mobility.

In the eyes of the experts mobility is a social/societal and a political matter. The politics are responsible for the definition of the societally aspired degree of mobility and especially the
degree of accessibility of transportation means. Politics have to answer the question, which kind of mobility will be funded and which will not. Society is the context of conflicts about mobility interests and the realisation of mobility; in the end of the conflicts privileged and disadvantaged persons are constituted. Society is also the institution which determines the handling of time, an important framework for the development of mobility needs. Quality and quantity of mobility are determined by societal approaches and idols. In Germany many tasks are carried out under the perspective of the active 30 to 60 years old males. Of course, economical conditions are important determinants for the mobility of the elderly, too.

The experts focused the elderly themselves, their behaviour, their strategies to face the mobility problems in their life. As the experiences of the experts suggest, the elderly try to be mobile (in the way the younger ones are) as long as possible. Typically they benefit from the possibilities to maintain mobility, they use them, if they exist (but the problem is, whether they exist or not!).

What does it mean for elderly people to be segregated in outskirts-quarters or suburban planning disasters (which are inhabited by people with similar life-context and social-cultural group) with the well known bad access to PT? They have to sustain their use of cars by all legal means. Some have to beg for mobility in their families and neighbourhood. They fear and avoid moving in the dark. They reduce their outdoor mobility to housing and garden. They have to live very long in those quarters before they are socially integrated.

Mobility is a fragile thing; in the course of life it can be lost from one day to another.

Our sample of experts mentioned all those physical obstacles, older people have to negotiate on the way to their everyday mobility goals.

Mobility means were also described as a challenge for old people, and many of them are not able to meet this challenge. Prerequisites of mobility or immobility can be found in their minds; some of the barriers against mobility are elements of mind: deficits in knowledge, will and having the heart to be mobile. The level of anxiousness seems to be high, and the willingness to accept help from other people is not existent in all cases. Elderly people are often reluctant to become active by themselves, they rather take the position of a consumer. Some of these subjective conditions are created by societal factors, especially the mass media, which feature an image of the elderly as feeble members of our society. At the same time society makes a lot of offers of different kind for the elderly, mobility offers too. Perhaps we must state an ambivalent attitude. Many experts stated this ambivalence. On the one side society was culturally formed towards respect and esteem of age, but on the other side society is accenting the deficits of age and pushing them into the foreground, especially in the area of job performance. Most of the experts have no doubt that many seniors are suffering from this situation.

Seniors differ very strongly in many respects: Health, personal experiences, handicaps, abilities, housing area, coping styles on the basis of life long learning, individual goals as a result of these different characteristics. People differ in their choice of transport means, dependent on their time budget, their habits and their cognitive flexibility; gender plays a role: women act in a different way than men.

The mobility situation is further determined by financial conditions of persons or families and, of course by the marital status of a person. Being married or living together with a partner mostly means help and support in mobility problems. The access to medical therapy (to the medical progress) could be a factor of different mobility chances, too.

In general many experts state, that seniors with severe impairments or unfavourable styles of coping with deficits and losses suffer from a restricted mobility and a restricted life quality and have a bad prognosis with respect to their personal development.
For some of our experts it seems to be only little helpful to split up the target group by age. Independent from age the kind of problem or impairment is presumably a more useful criterion for safety programs or measures of mobility enhancement. The kind of problem unifies people more than their age.

Another argument against global answers is that of heterogeneous aspects of mobility and life situation. The situation of every day life of the elderly (in fact of every person) has a lot of aspects the observer could distinguish. Regarding these different aspects, the question for the quality of mobility of senior citizens has to find many different answers. For example: Time pressure is a problem of younger people, less one of the elderly. With respect to time pressure the situation of the elderly has become better; with respect to other aspects the result would be contrary. From a historical viewpoint: Some technical aspects of mobility (i.e. design of vehicles) can be rated as an improvement, some social aspects (reduction of personnel, less services) mark an aggravation.

Perhaps the subjective assessment is worse than the real situation. Nowadays flexibility and mobility are demanded from all our citizens. Mobility has become a necessity far more than in former times. That makes mobility a fact, which now is regarded more critically; personal limitations can be experienced more easily.

Additionally, coping with mobility problems differs from cohort to cohort. Some of the senior citizens respond to the perceived (bodily) changes by reducing their mobility range and quantity voluntarily. Others strengthen their efforts to physical or mental fitness. Mobility needs or requests announced by the elderly are in some cases not really relevant for the life quality of the persons, some of the requests of the elderly are not based on mobility. Society has not the right to declare an active and mobile life as generally binding for all its members. It could be a useful aim to recognise individual mobility needs and to respond with special (particular) mobility offers.

Some procedures and measures to enhance the mobility situation of senior citizens are on the way in Germany. It will take time until the occurrence of positive results. In many cases the government has the power to shorten the time by exerting pressure (i.e. by granting or withdrawing financial support or privileges).

But there are some structural and political determining factors responsible for impeding progress:

Traffic policy doesn’t only pursue the goals which politicians communicate to the public, but also hidden goals. So it is difficult to understand the intentions of authorities.

Difficulties are also produced by conflicts between pressure groups and associations, they form powerful alliances of blockade.

Sometimes political or societal actions are complicated because of unavailable pragmatic strategies.

One of the most severe complications is given by the fragmentation of competences on the governmental level.

What we need most urgently is a conceptualising of measures across departments.
Describing the use of mobility modes

Most experts assess the chances to be mobile in old age as good. But they distinguish accessibility and usability. Because of a lot of modes of mobility and technical aids elderly people have the chance or possibility to be mobile in principle, but the access to the means of mobility is often insufficient, or the availability, for instance of bus stops, in footrange is not given. The reason for that can mostly be found in the particular mode of the development of the technical and the economical world. Transport means and environmental settings are seldom perfectly adapted to the conditions and characteristics of human being. The design, as some experts accented, was geared to the ideal (forty-aged man or people, formerly known as “Yuppies”), it was engineered by men. On the other side the structures of transport systems become more and more oriented to profitability and cost minimisation, which among other things leads to a reduction of stops and stations and their maintenance.

Another very basic question or thesis occurs: Can mobility really be a goal for all senior citizens indistinctively? One can imagine that life quality will be enhanced by reducing (exhausting, uncomfortable) mobility and by compensating former mobility by adequate service offers.

Perhaps a desired societal goal is the flexible handling of mobility by the elderly by using different transport means, appropriate to their physical and cognitive fitness. Unfortunately the public transport systems in the actual condition make it difficult to use them. This fact is not only due to the transport means themselves (the vehicles), but also to the status of the environment. Many places are in a state of neglect, show the marks of vandalism, and that generates fear in the elderly. Automatic systems (ticket machines for example) are another aspect of an age-hostile transport environment.

A reason for the disregard of the interests of the elderly in public transport could be the conviction, that the elderly (as well as the young) are the “natural born” clientele; they will use public transport because they are forced to Do so. Often the behaviour of the personnel, especially towards older and handicapped people, is very rude. England is mentioned as an anti-type, an example for a mass of polite service personnel.

The possibilities of coping with mobility problems and how they influence the use of different modes in transport is one of the central aspects discussed by the experts in our interviews:

Is an “intelligent” mix of different kinds of mobility the typical coping strategy of elderly? Some of the participants have in fact this impression, but they also express the idea, that the decisions of elderly often are forced choices. The pressure can come from the housing conditions (bad infrastructure in suburban and rural areas), but also from the physical (bodily) conditions. Some seniors like to use public transport, they are not fixed at their own car. But this is a minority. The own car has a high rank, the driver’s licence plays a role for the identity and the self-esteem of a person.

Nevertheless, older drivers use their car more pragmatically than younger ones. The pragmatic use of means of transport is a function of accessibility, however. In rural areas the citizens have no chance to act pragmatically; they have to take what is there.

A certain aspect of pragmatism is reflected by compensatory behaviour. Several empirical studies showed us, that many older drivers consider the status of their physical and psychomotor abilities. They avoid driving during the rush hour or during the night. Some experts underline this.

Another kind of pragmatic coping, in suburban and rural areas, is to form a car pool. Neighbours are helping neighbours. Elderly also perform services for the younger (for the youth), because not seldom they play the role of a family chauffeur. Other services,
especially for the elderly and impaired who cannot use a car, are held by local merchants. Food and house wares come to the customer by car. Also “flying libraries” are available.

One possibility is to move from the country back into the city. After World War II and during a period of a general mobilisation by car many families, many young people moved from the cities out into the country to live in their own house. In Germany one called this phenomenon “escape from the city”. To reverse this “escape from the city” into a “escape from the country” requires to leave the own house, the garden etc. A difficult decision for many elderly!

To cope with the situation in older age a person can also reduce mobility. Two types of reduction are thinkable: A reduction on the basis of changed interests or of sensible abdication. An abdication is complicated because a lot of mobility goals cannot be abandoned, from an objective or realistic viewpoint. A forced reduction of mobility is an experience of a severe loss and deprivation. Such an experience can produce depression as a real clinical symptom. The depressive person tends to reduce his/her activities as a consequence of his/her illness. In this way a vicious circle may develop. The coping with the experience of loss resembles a mourning process. The mourning process could be made more tolerable, if there were offers at early stages and the possibility to practice new ways of organising the daily tasks.

A sort of field experiment took place in the city of Nuremberg. The project “Nuremberg cleverly mobile” has obliged 20 families to abstain from driving their cars for one year. They were reinforced by a bicycle for free disposal and by a free of charge ticket for public transport for one year and for all members of the family (“mobycard”). Nearly all of the participants (18) were able to reorganise their life, they learned to use the public transport competently, organised car sharing and optimised their daily trips. The process of reorganising life was hard work, including depressive phases. As a facilitation of this process the participants found themselves as members of a group with same interests and comparable problems. The group dynamic seemed to be a powerful support for perseverance. But it is controversial, whether this experiment is a valid model for the situation of senior citizens.

Society could make offers of a flexible transport “by demand”; examples are existing (i.e. in Forchheim near Nuremberg/Germany). These offers have to avoid to proclaim senior citizens as a target group explicitly. Proposals for a flexible, individual transport should be presented as a progress for all. Seniors do not like to appear as defected persons. Products for seniors should be presented as products for all, as in fact products for seniors are useful for all people.

Pedestrians

The possibility to walk is seen as the basic mode of any mobility in any age. As central aspects experts cited street conditions (e.g. wetness; lighting, kerbs…) and the increasing fear and uneasiness in the perception of the environment by the senior citizens.

The conditions for walking were rated as quite good in Germany and there is no essential difference between cities and rural areas. The pavements or sidewalks could be broader, and as the experts work out clearly, they have to be divided from cycle tracks and of course free of parking cars. Many elderly pedestrians fear cyclists on the foot paths, because one often cannot hear them. The mobility modes should be generally better divided, more pedestrian areas in the cities were required.

Another problem is that of alienation from their environment. Some experts are of the opinion that such attitudes of alienation prevent many senior citizens from going out on foot.
This concerns not only the condition of the roads, but also a phenomenon designated as “disappearing of the pedestrians”. Our traffic system and infrastructure planning are straightened to the fact that the pedestrians withdraw themselves from the streets ever more. There are diminishing possibilities of social interaction, fewer supply possibilities, less commerce in direct proximity of their habitation. The citizens are forced to go to shopping centres which are usually not within walking distance. This situation does not only increase the mobility pressure for the seniors, also the townscape changes crucially. The residential environment will be perceived as deserted, regarded with fear and, as a consequence, unattractive. Thus, the motivation to move outside strongly decreases.

Therefore the ageing society is not only a challenge for the transport-system providers, but also for town planning authorities. In the area of town planning, a lot of lapses can be observed. Many of the elderly feel insecure in underground crossings, subways and pedestrian underpasses. For example, the construction of a pedestrian tunnel (with the aim to reduce the risks of collision, accidents and falls) could represent a new opportunity for assaults, consequently regarded as a dangerous area by the elderly. In spite of that a lot of tunnels were installed in the past to guarantee a fluent and smooth car traffic. Pedestrians, especially the old pedestrians, are the losers in such a system.

Car

The possibility of using the own car is another prerequisite of a successful organisation of everyday mobility from the viewpoint of our experts. Most of the seniors with driver licences are also able to drive a car safely. They are neither a danger for themselves, nor for other traffic participants, as the accident statistics in Germany show. Risks created by elderly drivers are individual cases, and not the rule. Of course, some older drivers have and produce difficulties due to a bad health status, a longer reaction time or losses in sensory performance. They find it complicated to find their way in unknown sites, but often they are able to orientate themselves in their neighbourhood. There is little reason to place a ban on older drivers.

Deficits can be compensated for if the individual is aware of age-generated restrictions of his/her visual and psychomotor capabilities. Town and traffic planning could be helpful, if they would help to reduce complex traffic environments and situations. And: Mobility is a matter of mind. The individual could preserve his competences by training his abilities.

Public transport

On public transport one expert refers to a great success of his company. His company (operating the public-transport system in Nuremberg) has won a first prize in a European contest for the system, which is most friendly to the mobility impaired. He is of the opinion, that Germany is leading in long term (sustainable) enhancement of mobility conditions, not only for the seniors. Progress in managing the problems of traffic and mobility is not only in the interests of certain subgroups of traffic participants, most of the advancement benefits all. But there is a precondition for a competent use of the transport systems: The users must
be ready to deal with the transport systems, they have to look for information and instructions actively.

This positive position has been attacked by other experts. Bad preconditions for mobility are especially identified in the railway area. Here, the development was most of all not progress, but a regression, as one of the critics pointed out in detail. The accessibility of trains has been reduced by the abolition of platforms on street level. The access to the trains is now characterised by a lot of stairways, underground crossings, elevators, escalators, partially not usable by mobility-impaired people. The wagons of the trains in Germany are a colourful mix of different types with different problems of accessibility and usability. It will take a long time to renew the rolling stock of the Deutsche Bahn (German Railway). In the mean time, this company could react more flexibly. In each train at least one of the modern easy to mount low-floor wagons could be integrated.

Mobility in old age could be disburdened, if all old people would be supplied by enough money, or if some financial advantages for the elderly would be introduced. As examples our experts gave: fare reductions for senior citizens or special fares for seniors with accompaniment (e.g. seniors accompanied by their grandchildren).

Public transport systems should be easy to use and clearly arranged in their structure. A good information system could be helpful, big letters and well visible colours could ease the orientation, as well as standardisation of technical components in public transport and of transport means (time schedules). The experts also discussed the design of ticket machines, time schedules, traffic signs etc. critically because of their function as obstacles for mobility.

It is no use to create an own standard for each public transport company in a region, which differs essentially in tariff structure, equipment, platform access and line layout. What we need is the area-wide implementation of consumer friendly, barrier-free public transport.

**Cycling**

Concerning cycling in old age the experts see rather a problem than a solution. They underlined that the risk-assessment of the elderly is often inadequate in this area, namely by overestimating their skills and underrating their vulnerability. But they see chances in this mode for the future as well, especially for the younger old. With an age-accommodated design for bicycles and an environment which fits better to cyclists, cycling can keep the elderly mobile, maybe even in a less risky way than a car.

Summarising, it can be said that it is important for older persons to maintain the variety of all possibilities and modes to participate in traffic. As soon as one of the possibilities ceases to exist, e.g. if it is not possible to drive a car or walk anymore, the dependence on other means of transport and on help by others will increase and lead to a restriction for, and a reduction of, his/her mobility.

**Some special topics**

A new proposal is targeted to the methods of rehabilitation for geriatric patients. Geriatric rehabilitation consists mostly of training of indoor mobility. There is a lack of training for the transition from home to the outdoor area. This could be a fertile field of activities with the aim of regaining mobility.

Another problem is that of finding an access to older persons. What are the ways and methods to find acceptance for particular offers? If we want to obtain attention, we have to
consider the search for fun, enjoyment, delight that all human beings have inside. What modern people want is attractive for modern seniors, too, for instance events which appeal to emotions. Offers should be interesting and relevant for the person by language and content. If we can make interesting offers for the elderly, we do not need to address our messages to them directly.

What prevents measures considered useful from being implemented?

Concerning reasons which prevent implementations, the experts on the one hand complained about the dissection or splitting of competences and resorts in the German administration, which hamper more holistic thoughts and collaboration, and on the other about the so called "one-hundred-percent-ideology": Decision-makers and planners, they say, often accept only perfectly performed measures (“100%”), which in many cases is totally unrealistic. That strategy slows down the implementation and development processes. In the end nothing happens, for instance because the measures become too expensive. Simple pragmatic solutions or experiments were frequently not accepted. Thus, what remains are some alibi actions by authorities. Another fact, as experts stated, is the general denseness of regulations and laws in modern societies which prefer technical solutions and neglect social coherence. This is jointly responsible for the often complained resignation and egoism in society.

To enhance the adjustment of technical items to men often takes a long time along a lot of detours. Technicians and engineers seem hardly be able to put themselves in the position of old people and least of all in the position of an elderly woman. Also nowadays many technical deficits complicate the traffic participation of the elderly, and an acceleration of the technical development with respect to usability would be desirable. Technical means and aids should be standardised and consistent in handling; this would facilitate the orientation of elderly people inside and outside their home. At a more general level the prescriptions of a barrier free mobility should prevail.

A problem often described is the lack of communication between young and old and, more commonly speaking, between all societal groups.

Modern communication technologies will enhance chances for participation in traffic and social processes, but senior citizens will not benefit of these enhancements in the presence. Nowadays these technologies offer more problems than solutions.

Furthermore, some of the experts accuse society and politicians of a lack of good will. But often when there is good will, a good knowledge about the problems and even plans to improve the situation, there is a lack of money. Perhaps that is true and a real problem, but many interviewees suspect that “lack of money” is also a popular and inexpensive argument to leave things as they are.

A lack of good will could be a result of a lack of awareness about the problems. Many members of the society are not directly concerned with the problems senior citizens have. They cannot imaging a future time when they belong to the “old” themselves. Young and old regard one another as different races, Tucholsky said. This attitude leads to a deficient solidarity and a disinterest in the interests of others.

What we need is more tolerance and empathy for each other and between the different groups of road users in particular, experts say. Aggressive and anti-social behaviour (especially of younger people) in streets and public transport should be reduced. As one of the main problems in Germany they called a poor supply and level of services, often a consequence of reduction of personnel, but also of a defective and inadequate professional
education. Corrections and improvements in this field would be a great progress with respect to mobility interests of senior citizens. This includes a sensitivity for the needs of senior citizens.

But the experts’ look at age and high age is not only of a problem character. People with a wealth of experience, knowledge and wisdom and even dynamism and enthusiasm may offer a lot to society and it will be a vitally important future task for our society to benefit from this human capital.

At the same time, experts are realists, they know that a majority of senior citizens are not engaged in politics. Their social commitment may frequently be low and they cultivate their disenchantment with politics.

In general the experts see senior citizens as better represented in the political spheres when politicians are older themselves. But even older politicians are inclined to act for interests of their political party more than for the interests of the elderly.

At the regional level senior-citizens issues are often embedded in political processes, but unfortunately in the function of a “fifth wheel”. Interviewees recommend an improved co-management.

Some experts made political statement explicitly: Decision makers have dissociated themselves from the people. What we have to do is to install a more direct democracy, and: Stop the ‘Megalomania’ in the planning of measures of our politicians and decision makers in our communities and country. They have to realise the comparativeness of means and measures.

**SENIORS – MAIN FINDINGS**

What do you think about the elderly citizens’ mobility conditions today? How do senior citizens cope with the present mobility situation?

As the interviews show, most participants do not see difficulties for themselves, of course, because they are mentally and physically fit, their motility is not essentially restricted, they predominantly own their driver’s licenses and they can use them, if they want. From a financial viewpoint they are sufficiently provided.

They estimate mobility of the elderly as good, they praise the extended time-budget for planning trips and travelling and they underline that all kinds of modes for transport are used by them.

They know and appoint explicitly the problems of mobility in old age, e.g. loss of motility, lesser visual acuity, also difficulties with technical barriers as ticket machines, or they mention the reduced security in the streets (especially by night) and they find various ways to cope with these problems.

Mobility is often constrained by “peanuts”: small fonts of time schedules or badly discernable colours, traffic lights without sound (for the blind), sidewalks without lowered curbs at crossings.

From this perspective mobility creates risks, especially mobility in the form of participation in the modern traffic system with its high density and speed.
Living in the countryside does not grant all the opportunities and possibilities of mobility as living in the city does, but short-comings are compensated for by other qualities of country life: good air, more tranquillity, less hecticness and a social net that provides help for impaired persons. On the countryside the possibilities of being mobile are reduced by a less satisfying traffic infrastructure. Impaired persons with wheel chairs have more difficulties to move within public areas.

As most frequently mentioned reasons for outdoor mobility we found: taking care for daily needs (shopping, doctors, business) and the intention to obtain social contacts. These needs have absolute priority in their lives and were seen, similar to health, as a main prerequisite of an autonomous life. If this is ensured, the mobility is assessed as being satisfying.

At a more general level they absolutely see difficulties for elderly people outside their homes. Most of their complaints are related to social facts or conditions. We summarise their complaints as follows:

Alienation from the social world, which becomes more and more unfamiliar to them, hard to understand. As a symbol for this subjective truth they mention the language which is used in the modern world (a sort of "Denglish" in Germany, a mixture of English and German). They are afraid to be unable to understand what is going on in their social ambience, what will happen at events one can visit or what the commercial world is offering them. Combined with the speed demands in outdoor space and the often cited design short comings of the streets, stops and stations, things can become insurmountable obstacles for outdoor activities.

A second problem, which is strongly related to the aforementioned one, is a feeling of insecurity which has its source in the behaviour of other people. The interviewees mention discourtesy in public transport, recklessness in many social contexts, aggression in the streets, by younger people, signs of neglect everywhere (litter, dirt, grunge, vandalism), lack of helpfulness, lack of understanding one another, conflicts between road users (for example in-line scaters and bicyclists on the sidewalk).

A third problem from the viewpoint of our dialog partners is a bad financial basis for many of the elderly which is the consequence of a humble reward for their life long achievement. "If you want to be mobile in old age, you must have money" they say.

Not considering the needs of the elderly leads to an uncomfortable environment in the cities. As an example for that fact, the interviewees refer to the lack of service facilities as public toilets, benches and seats (in the stations).

**Knowledge about attitudes and prejudices of people towards the elderly**

As mentioned the interviewees blame recklessness and absence of respect for the elderly as omnipresent in our society.

This is following the logic of an image of elderly in society, which coins them as unproductive cost factors and as a burden for the younger generations. As responsible for this situation they point out the politicians, the media/advertising and the representatives of economy. They see elderly attacked as being lazy and rich, as slackers or parasites. Society as a whole exerts negative influence on the mobility of the elderly by its ageism. They believe that there is discrimination in many respects, also in urban planning processes or in architecture. Under these circumstances, the interviewees believe, communication cannot work.
But some of the interviewees agree with some aspects of this image; they blame their contemporaries for bossiness and laziness, which causes a lopsided picture of age in society. Despite these controversies a consensus exists that the improvement of intergenerational communication, of empathy for the ageing process ought to be a primary task for the future.

**About specific mobility problems of seniors**

In the eyes of the interviewees several technical barriers exist in private and public places. Mobility begins at home. The street must be accessible; that is not the fact for impaired persons in houses without elevators. A lot of technical equipment is hardly usable by elderly people (ticket machines; cellular phones). Often mobility is hindered by “peanuts”, for example by lack of effective hand rails at stairways or overhead bins in buses and trains. Time tables are printed without considering the impaired sight of elderly people. Streets and places often are insufficiently lightened. Even if public transport is available, its traffic routing is often not acceptable for seniors. The traffic routing is oriented to the needs of the world of business, occupation and trade.

The most severe trouble in old age could be produced by reduced health. To sustain health one has to look after good nutrition and mobility in the sense of moving around (walking, climbing stairways, doing gymnastics). Everyone is responsible for his/her own mobility, they claim. To be forced to move is a positive aspect in older age. Some negative changes are typical in the process of getting old: Multimorbidity, lability of mind and emotions. Medical care is often necessary but frequently there are side effects of medicine, which can highly affect mobility. This has to be considered.

Good family relations could make mobility less important, namely when younger members of the family hold contact to the older and organise their supply. One should consider that there are inter-individual differences in the need of being mobile.

The interviewees think that a number of occurring difficulties can be traced back to the fact of inadequate attribution styles of their contemporaries. E.g., these attribution styles inhibit their own mobility, for instance when avoiding taxi-use on the basis of an exaggerated austerity.

**Knowledge about what has been done to improve mobility of seniors**

Astonishingly enough, a majority of our interviewees do not blame authorities and politicians or attack environmental or technical conditions for discriminating senior citizens in modern traffic. On the contrary, they talk of a good local infrastructure in public transport as well as sufficient shopping facilities and good road conditions. They are mostly content with mobility conditions. They perceive the innovations towards a more barrier-free and comfortable Public transport, emphasise improvements in technology, point out the progress in car equipment, e.g. assistance-systems. In general, most of the participants evaluate the mobility conditions for senior citizens as much better than those of the generations before. But, with a little bit of salt, they realise the costs of the progress which have been attained: lesser service and personnel.
Use of mobility modes

**Pedestrians**

Walking is a predominant mode for senior citizens, but not rated that high in their mind, because they regard this as implicitness in their life. If one wants to estimate the importance of walking one has to follow the hints in cross-references of the senior responses to questions for public transportation or physical and social conditions on the streets, for the infrastructure and the quality of habitation, for motivation and fears of the elderly. We can state in accordance with our research partners, that walking is strongly related to the ability of living autonomously.

The conditions for walking are rated as quite good, but the interview partners voiced their impression of a crawling aggravation for the future. Three examples: The maintenance of pavements in wintertime is getting worse, because the responsible persons are no longer aware of their obligations; the cyclists and car drivers become more and more reckless and speedy; the quantity of traffic is increasing. Nowadays, they said, walking demands for high fitness and health of seniors.

Another hindrance for moving around as pedestrian seems to be the fear of becoming a victim of crime or molestation. This fear is a subjective reality. Almost every senior stated to know someone who was afflicted by crime or molestation.

**Car users**

For the interviewees the availability of an own car is the firmest guarantee for a mobile and independent life in old age, especially if the functional abilities of a person are reduced. But to own a car is a privilege and depends on a good financial situation, which is not given for all seniors. He/she who is financially well situated can praise the safety and comfort of modern cars, reflected by well introduced technologies like automatic gearing, noise reducing equipment, air conditioning etc.. The opinion about modern technical equipment, like driver assistance systems, is differentiated. The “young old” have minor problems in using them. The older ones complain about the difficulty of handling such equipment.

Some of the interviewees do not use the car any longer or they limit its use, because they have got aware of some restrictions of their own. They formulate their slogan: safety first! The necessity of driver training was not seen or explicitly expressed; perhaps the interview partners represent a strictly dichotomous view of the drivers world: either you can drive or you cannot, and in that case training would not help.

**Public transport users**

The elderly living in suburban/rural area expressed a kind of a love & hate relationship for the public transport system. On the one hand, they feel blessed that there is anything at all available to assist them. They put up with inadequate service and bad access because that is better than no service and no access at all. They do not complain too much because without even the most inadequate service, there would be nothing.

Most objections concerning availability and accessibility were made against public transport and especially against the “Deutsche Bahn”. Train stations are architectonically underdeveloped; mounting a wagon is complicated because of high steps. Even if the railway connections are good, the usability of trains is restricted.
For the majority of seniors PT is only the second or third choice as a means of transport. The bad reputation of PT is due to the lack of personnel, service and, as was most stressed, to the incredibly bad usability of ticket machines.

But they mentioned as well that in cities - in contrary to rural areas - the connections in PT are mostly satisfying and valuable for their mobility and that they use it frequently, notably to avoid problems connected to car use like rush hour times or parking in the core of the cities.

**Cyclists**

Cycling plays a minor role in connection with mobility of the senior citizens. But a fraction of them appreciates cycling as a means of sporting activities or they use it within the frame of their leisure mobility (e.g. cycle-touring). Both types enjoy an increasing popularity. The last group of people is very mobile and an active group of elderly people. They want to use all modes of mobility and enjoy combining different means of transport. For example: they plan a cycle tour together with friends, collect information in the internet, pre-book an overnight stay, book the transfer with train-and-cycle or ship-and-cycle and so on.

Beside this minority, another group of elderly is using the bicycle as the most practical transportation means of every day to carry light goods or to reach medium-ranged targets. Some have problems with walking and compensate this by riding a bicycle.

Despite these different ways of using the bike one can say that the preference of a bicycle depends on former mobility styles and habits of a senior.

Naturally the cyclists complain about the lack of cycle tracks and - if they exist – about the recklessness of car drivers parking on them. As a tendency for the future they mentioned that the use of bicycles will increase in the group of the young old. The technical progress in the construction of bicycles means a big advantage for the elderly, too.

**General**

Our senior citizens made only few suggestions, which refer directly to technical developments and innovations. Perhaps this is the result of an information deficit, perhaps it is the expression of resignation towards technical progress, a feeling of being uncoupled. The most important statement about mobility-needs and desires of senior citizens can be summarised with two words: orientation and safety.

**Other**

It is a remarkable result of our research that beyond the discussed modes of mobility other means of transport were not present in the mind of our participants. Mopeds, motor-cycles or small four-wheel vehicles seemed to play no role for their mobility purposes.

**Concerning implementation problems**

No lack of policies or laws was mentioned by the interviewees. Rather, they demand the compliance with existing regulations for politicians, as for all citizens generally. The overall impression was that we have too many regulations in our society, but at the same time a lack in prosecuting offences.

They affirm a lack of good will by authorities and they blame them for talking too much and acting too little, or of acting too formally on the basis of an inadequate legislation. They
accented clearly that social and political participation is not primarily a question of the absence of opportunities, but rather a problem of the elderly themselves. They complain about their indolence and lack of interest, their “addiction” to ease and comfort, and about their political disengagement.

Nevertheless they expressed the opinion that the implementation of measures rather fails because of financial problems and of conflicts with the needs of other road users than because of an assumed bad will of executives and decision-makers. However, they also register a climatic change in German society, which causes problems within the scope of implementation of useful measures. They ranked the lack in communication between the societal groups and especially between the generations as first. They blamed the egoism of individuals and groups, the cause of a reduced helpfulness and of public spirit and the weakening of social relationships, e.g. in the families. The result is seen in an alienation between young and old people.

The third important area which was emphasised by seniors is a so called ‘youth-delusion’ in German society combined with preconceptions about age. Both influence the education of the ‘young’ and hamper the development of a realistic and benevolent attitude towards ageing.

CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION-MAKERS OR POLICY-MAKERS

The knowledge about the problems, the restrictions as well as the chances of being mobile as an elderly person in Germany can be called rich. Several decades of empirical research have lighted up a lot of conditions for mobility in old age as pedestrians, car drivers, cyclists or users of public transportation; that is the reason, why Germany is a country with a relatively high standard of mobility in old age.

Some efforts have been made to minimise the risks of traffic participation for senior citizens, and it must be stated, that progress in battering down some barriers against a safe and comfortable mobility has taken place. It will take time until those measures that are on the way will show positive results. But not all of the available knowledge has been considered in traffic policy or in urban planning until now. Only a few measures of all the proposed ones have been carried out. There still are tasks which are not yet performed. It could be a new and important challenge for social research to find out why we do not change the traffic environment in the way we should do.

This status of knowledge and research was mirrored in the focus group interviews and in-depth-interviews with seniors as well as with experts. So a lot of contributions of our dialogue partners picked up problems and solutions, which are well known even in public.

We can list these contributions according to the perspective under which mobility is regarded:

- the personal perspective (the perspective of the individual with its attitudes, traits, habits, abilities and disabilities),
- the environmental and technical perspective (the perspective of physical environment and equipment, of roads, urban, suburban and rural, of vehicles, trains, machines, computerised aids and so on),
- the social and systemic perspective (the perspective of social interaction and the interaction of all the elements forming “traffic”),
the perspective of rules and norms (the perspective of traffic-related laws and by-laws, explicit and implicit rules of behaviour),

the perspective of politics (the perspective of political decision and decision makers, of authorities and government).

The object of research is not a clear and distinct entity. A lot of differentiations are possible and needed, along aspects as: age group, mobility mode, gender, habitation etc.

What was known and then confirmed or challenged by the Focus-Group and Individual Interview data?

**Personal perspective**

Mobility depends – in quality and quantity – on a group of well known personal preconditions.

Health: existence or absence of impairments, illness, loss of motility (danger of stumbling and falling!), medical treatment, necessary medication. Longer reaction time, reduced alertness and decreasing performance of the sensory organs.

Marital status and social network: Persons with partners get support easier than others.

Financial resources: He/she who has enough money never has problems with mobility; he/she can afford an own car, even an own chauffeur or at least trips with a taxi. For persons with low income, even trips with public transport are sometimes too expensive.

Emotional aspects: Fear and anxiety (independent from objective facts!) are important barriers to undisturbed traffic participation, most of all in the evenings and at night.

Traits and attitudes of the seniors themselves: unrealistic assessment of their own abilities and capacities (esp. by older drivers).

**Environmental and technical perspective**

Some problematic aspects of the traffic environment have been repeated by nearly all of the groups and individuals interviewed:

- Insufficient lighting
- Missing traffic lights, hand rails, overhead bins, crosswalks
- Buses without information systems
- High steps and sleepers in streets and transport means
- Difficult handling of technical devices (i.e. ticket machines)
- Accessibility of shopping facilities (supermarkets) only for car drivers
- Badly discernible colours, too small type fonts (i.e. in timetables)
- Uneven pavements and high kerbs
- Speed, increasing complexity and high intensity of traffic
- Because of different infrastructure rural, suburban and urban environments create different preconditions for mobility in old age.
• Town planning has gone into a false direction at the expense of pedestrians, to the benefit of car drivers.
• Today, the own car is one of the best means of support of mobility, especially with particular technical features (i.e. travel pilots, distance alerter).

**Social and systemic perspective**

Social and systemic aspects had a remarkable weight in the eyes of the interviewees. They mentioned the following:

• The social “atmosphere” in the streets and places is – beyond others – a result of societal attitudes against the elderly and the image that older persons have in the community.
• In the whole the image of the aged is a negative one.
• The social world, as reflected by the language used, is a younger-age world: Among other things, Language has become a mixture of German and English (“Denglish” cannot be understood by seniors).
• Family, friends and neighbourhood relations could ease the problems of mobility by giving support to the elderly.
• Positively speaking, modern societies also make a lot of offers to older people to motivate mobility.
• Good mobility preconditions require agreement and communication of and between different generations.
• Most of the possible (future) improvements for the elderly benefit all citizens.
• Mobility could be enhanced and adequately adjusted to the needs and interests of elderly people, if they themselves co-operate and develop a more flexible choice of transport means.

**Perspective of rules and norms**

Some of the problems senior citizens have outside their home are related to the behaviour of others (younger people) who violate social or legal norms. Society has the obligation to enforce its own norms and rules in order to guarantee legal and emotional security. That does not mean the creation of more laws and rules but rather the observation of laws and rules.

**Perspective of politics**

Political institutions define the societally aspired degree of mobility of older people. Therefore they are an important address or “target group” in the process of enhancement of mobility.

But often, political action is short-term action, and not sustainable. Bringing politics and authorities to action is a laboured process.

Many interviewees have honoured the progress which was achieved in the area of abolishment of restrictions for mobility of senior citizens. But they address a warning to the politicians: Do not lean back in complacency!

To initiate progress in the field of senior citizens’ mobility a co-ordinated political action is necessary, and this co-ordinated political action needs the participation of elderly people. To prevent intergenerational conflicts, younger people have to be integrated in the political
process, too. As measures to install and realise the required processes hearings and advisory boards could be the methods of choice. For example, the case of a passenger advisory board is discussed. Such an advisory board could be a sort of lobby for the elderly. The senior citizens suffer of a weak lobby action for their interests. The elderly must have stronger lobby groups, this is one of the outstanding demands of the interviewed experts. The main task of the lobby activities would be a fight against restrictions for and discrimination of the elderly. A cutback of restrictions and discrimination and the construction of an age-integrated society does not only mean an advantage for elderly people, but at the same time a humanisation of the everyday world for all.

**What was suspected and then confirmed or challenged by the Focus-Group and Individual Interview data?**

Above we mentioned the knowledge about the problems of being mobile in old age as elaborated in scientific research and spread by mass media. Their own experience and experiences with mass-media communication lead our dialogue partners to a well known list of aggravations of senior citizen’s mobility: A high speed of all processes in modern traffic; poor availability of public transport systems; the danger of stumbling and falling because of high kerbstones, a multitude of steps and stairways, insufficiently illuminated streets and places; fear and anxiety because of the impression of a high rate of criminality; difficulties with orientation because hints and services are badly adapted to the sensory performance of seniors; “unfriendly” handling of unfamiliar machines; personal factors like illness or a small income.

Some of the interview partners criticised our society because of its ageism. The neglect of senior’s interests is, from that point of view, the main reason for the factual restriction of mobility of senior citizens.

The most often mentioned positive preconditions of mobility were: Good bodily and financial resources, availability of an own car, enhanced services by public authorities.

But the interviewees also developed a lot of sophisticated ideas, stressed new aspects on old problems and gave new material to construct a more age-irrelevant mobility environment.

As we expected, special transport services were an important topic for both groups of participants. Both emphasised that an enhancement of this services will facilitate mobility of the elderly. Nevertheless the experiences exponents of both groups described were anything but encouraging. One can say the acceptance of implemented services is low.

In the course of research our expectations about the coping processes of seniors based on their restrictions of mobility was challenged by the interviewed senior citizens. Despite dramatic incisions in their abilities to move around they find ways to compensate for this, they say, and astonishingly enough they feel content with their mobility.

When persons are growing old, their social competences are needed to face the challenges of everyday life; some new social competences have to be established. Because social competences are formed in the frame of a social network, mobility is needed as a basic condition for this process.

If we want to enhance and to promote the mobility of the elderly, we firstly have to scrutinise the empathy and readiness of our society: Are the younger generations ready and willing to accept the future role of the seniors in our “mobile” society or are they inclined to see them as obstacles on the way to an accelerated traffic?

Secondly, more information about the possibilities to be mobile in old age should reach the senior citizens, more assistance and services have to be provided.
Thirdly, the complexity of modern traffic environment should be reduced. Furthermore solutions should be decentralised and fitting to the conditions of concrete places and times. Unnecessary mobility presses should be reduced. The political authorities of different kinds (resorts) should work together; the splitting of competences leads to uncoordinated action with poor results. (Some good examples for coordination and collaboration are to be found in Germany.) Generally, we have to take into account the fact, that traffic is a system of many components and actors. Changing one component may have effects on other components.

**What was new that was not previously expected?**

As we did before, we will separate the contributions of our interview partners into two groups, concerning problems and solutions on the field of senior mobility.

**A new look on problems**

The German interview partners laid a strong and unexpected emphasis on social factors of outdoor mobility. Many fellow citizens, especially the younger ones, have no feeling for the interests of other people. Their behaviour is reckless, does not follow the rules, an is assessed as aggressive and egocentric. The communication between the elderly and the rest of the society is insufficient; one must state a lack of personal service and accompaniment. It is considered that because of the anti-social behaviour of many people, public places are unsafe and shabby, which causes fear. This situation is not only a problem of big cities.

Some attacked the popular opinion, that in any case rural areas are an awkward environment for older people. In spite of a poorer infrastructure, living on the countryside could also mean better social control and a better access to social support because of a less anonymous life.

As part of the town-planning problem, some members of the interview groups referred to the character of old, historic cities and the effort of local authorities to conserve their character. The interest in a safe and comfort mobility of the elderly comes sometimes into conflict with those of restorers and conservators.

Some of the older interview partners (but also some experts) blame the seniors as a group: They do not take their chance; they do not organise themselves effectively enough; they do not train their mind and their psychomotor skills; they have emotional difficulties to accept help from other people and do not make enough efforts to overcome these difficulties.

**A new look on solutions**

Several times our interview partners remind us of the complexity of mobility problems. They are convinced that it is useless to search for general answers. We have to provide different answers for different target groups.

Because mobility begins at home, the dwellings and houses must have construction elements or devices which are able to encourage mobility. As a good example for this fact elevators were mentioned.

The seniors that we interviewed are not opponents of technical progress. On the contrary, some of them are of the opinion, that technical development should be accelerated;
technical means could ease mobility and could open new spaces for the impaired. But they have to be standardised and consistent in handling.

Members of a group of experts found a new systematic compilation of coping behaviour of elderly road users:

8. Making use of an “intelligent mix” of different kinds of mobility
9. A pragmatic, viz. more rational than emotional use of transport means
10. Showing compensatory behaviour (i.e. compensating for losses in abilities)
11. Forming new social support systems (i.e. in the neighbourhood)
12. Moving from sites with low infrastructure into cities with excellent infrastructure
13. Reduction of unnecessary mobility
14. Demanding the development of transport systems “by demand”

We have found new ideas for the field of road safety programs, concerning the recruitment of older people for such programs. Precisely like younger people, the elderly of our times are searching for fun, for delight and enjoyment. So we have to respect their needs and to make attractive offers analogically.

The progress of time could create problems in planning a future world which provides safer and more comfortable mobility for the senior citizens. We cannot anticipate the problems of future life. Problem solving, which is appropriate under the prevailing conditions, could be ineffective in future times. There is no linear progress of historical processes.

In highly developed countries like Germany the citizens as well as the politicians or local authorities are fixed to technical solutions, if problems have to be solved. The “society of service” is only a slogan, not reality. Essentially, services provided by personnel are reduced. The presence of personnel could be helpful, however. It would be one of the best remedies against fear, disorientation and helplessness of older people in the streets, in buses, trams and trains. A patrolman, well known in the quarters of the cities, could be a perfect contact person in a lot of critical situations. Some of the members of our interview groups pleaded against a growing squad of machines in public spaces, against voice synthesisers and computer terminals everywhere. They claim the “human factor”. Germany is said to be a “desert of service” (as Germans draft), developing service is the great challenge for the next years in this country and important also for the mobility of seniors.

Public-transport systems should be a field of manifold renewals: Enhancement of accessibility, equipment and service (i.e. information systems), flexibility of schedules, organisation, network and structure, constitution of passenger boards, offering of special services for the elderly. Public-transport-system management must change its attitudes: seniors are not a “natural born” clientele who uses public transport “automatically”.

In addition, it is noticeable that seniors did not complain about the speed of traffic and societal acceleration, as one can expect. They did not emphasise these as specifically important topics like tolerance, empathy or considerateness.

This can be distinguished from expert statements, which emphasise speed/acceleration as a mean problem in age. We can speculate about such differences in various ways. One may be, that seniors will cope with this problems on a more common, abstract level. In this sight the complaints about recklessness in society could be seen as sorrows about the speed as well. For example: the explicit complaints about the cyclists in traffic: “it is so difficult to hear them”.

94
Last but not least: We think that with respect to outdoor mobility it is absolutely new to take geriatric patients into account. Our research partners proposed to train the transition of patients from geriatric-rehabilitation institutions to their everyday life with its mobility presses. That would mean a special training of motility and an instruction how to meet mobility tasks, namely under the perspective of those abilities and conditions that the patients actually have.

**Implications of the results for decision making and policy**

What decision makers, politicians, political and societal institutions could do to enhance the mobility of the elderly is no secret. Already prequel projects to SIZE had made that clear, and our findings could be read as a confirmation of former results. So we ask why we have to continue waiting for the necessary political action.

One of the interview groups had a radical answer: The governors have alienated themselves from the people. In any case a co-ordinated political process should be initiated, and members of this process should be the seniors (the “target group”) themselves. Without participation of the seniors, the process would not go into the desired direction.

Such a co-ordinated process must be driven in the field of governmental organisations, too. The government departments have to recognise that the systemic character of traffic and mobility requires co-operation between them. The list of problems as well as the list of solutions show different levels and aspects, referring to a wide range of professions and competences and advise a multi-dimensional approach. But co-operation is not familiar amongst the members of government departments, and within a given department the fragmentation of competences creates complications. Perhaps a sort of advisory board could initiate co-operation. Another problem that hampers department-spanning co-operation is connected to their goals. Perhaps government departments pursue hidden goals and not only those which are communicated to the public. Different goals and interests are the basis of conflicts between different pressure groups. Pressure-group conflicts may be a restraint to political action to the advantage of the elderly.

The political system first of all has to take care of the financial situation of the elderly. Poverty in old age is one of the most compact barriers against mobility.

Secondly, the political system as well as society as a whole have to deliberate upon the time budget for the members of society. Professional life and also public life are constantly under time pressure. Therefore, many processes are accelerated, and that is a disadvantage for the elderly.

Thirdly, we have to revise our norms and rules. Ageism is a dangerous orientation in a greying world, a positive image of old age is needed. On the other hand: Of course, ageing is a process of deficits, losses and disengagement, too. Perhaps a mobile life cannot be the goal of every senior citizen. We must be cautious not to discriminate those who are not fitting into the socially favoured image of the “new old”. Mobility has become a necessity in our modern societies and personal limitations can be experienced very heavily. “Forced mobility” for every senior cannot be our goal. Perhaps in some individual cases a reduced mobility means more quality of life than maintaining a former quality and quantity of mobility.

Fourthly, the colonisation of rural areas with its enormous increase of traffic should be reduced. According to our interviewees, many seniors see the advantages of life in the cities, especially in old age. So it seems to be reasonable to build up urban structures that meet the needs and wishes of the senior citizens.
Recommendations for future research

On the problem of prognosis

An idea was born in the interviews, able to criticise the solutions and remedies our research partners have found to enhance the mobility of senior citizens: It would not be a good advise to pursue actual developments in a linear way. Solutions from the viewpoint of nowadays may be the wrong answers with respect to the challenges of the future. We are not sure about the factual progress of the development. Let us imagine an example.

Two sceneries are possible:

1. Perhaps the pressure on seniors to be mobile will increase in the future. This would deteriorate the conditions of being mobile in relation to actual conditions, new problems could emerge. Social problems could get worse: no contact persons, no "significant others", no service for the elderly would exist. Service would be reduced to technical services and aids. More mobility required, but less social support offered: that could be the problem.

2. The pressure on seniors to be mobile will decrease. The way into the future could be a way into immobility, if technical means will be seen as substitutes for social relations and contacts. Some of the new technical means do not arrange social contacts, information technologies make the personal presence unnecessary. So, the technical progress could create immobility, because mobility will no longer be required.

However, there are some precursors of a coming world unfriendly to the old: One could get the impression, that our environment becomes more and more inhuman and morbid. A modern train station could be taken as a good example for this development: Reduced personnel, an augmented number of machines (ticket machines, computer monitors and other electronic displays), the voices of the announcements are computer voices, and so on. Is there really no road to reconcile technical and social progress?

About the importance of emotional actions

The problem of mobility in older age should not be discussed under the technical and/or social perspectives alone, but also under the perspectives of human behaviour as emotionally directed.

Mobility is not only a goal-related behaviour or rational action. Mobility is also an emotional need, a value of its own. The results of the MOBILATE project 4(2003) have made that clear. We can call mobility an intrinsic need and an emotional experience. Politics has not only the duty to make traffic smooth and to reduce risks, but it has also the obligation to respect the needs and feelings of traffic participants. Our world should not be arranged by a costs- and benefits model like business management does.

We can identify emotional conditions of fellow citizens which could play the role of a barrier against the acceptance of the emotions and feelings of older persons: ageism.

About ageism

Respect and honour for the aged persons is weakened by the mass of the elderly, by the phenomenon of the massive occurrence of the aged in everyday life. It creates the experience and the feeling of a senescence of the society. The impression of a greying world

---

is really a product of experience, of encountering a high proportion of elderly in the streets, at the supermarket cash, in trams and buses, even in the aeroplane to the beaches of Mallorca. The absence of children has come into the awareness of people – maybe a painful awareness.

Old faces remind of a personal future people are afraid of, they remind of illness, solitude and death. Ageism is a result of a widely spread deficit model of ageing.

Ageism on the basis of a deficit model creates not only a negative (social) image of the ageing person but also a negative self perception. Youthfulness is a rare property and thus the more in demand. The devaluation of age by the aged themselves can occur together with feelings of guilt. The elderly feel like a burden for others. We think that there is no doubt that feeling like a burden lessens the motivations for outdoor mobility.

How to work against ageism in a society which is made unsure about the financial maintenance of their pensioners in the future? The societal challenge to overcome ageism is a challenge for further research, too.

Transport

If ageing processes limit mobility, local services become particularly important. This is why one should assess the existing services and best practices in existing core-cities, in the suburbs and rural area. In the qualitative part of our research one aspect that emerged may give impulses for further research. Neither seniors, nor experts are content with taxi-service, bus on demand services or special-transport services from welfare-organisations. Both groups expressed, in a more indirect way, a rather sceptical, split attitude towards these services. “Theoretically” the services enlarge the mobility and the participation chances for the elderly, experts and seniors mentioned, and they should be provided area-wide; but similarly our interview partners gave driving services a very minor role in their remarks. The interviewees regarded such services as irrelevant for solving mobility problems of the elderly. That is astonishing because driving services are comfortable, in some degree flexible and at least a quite economic alternative. They can fill a gap between individual and public transport. So the question remains: What went wrong with this kind of offers?

A view on the gender problem

In the German “you-are-what-you-drive” society, many aged people, especially women, not only do feel stigmatised because of their age, they also feel stigmatised because they do not drive and/or own a car. Especially women have a lesser income and show a lesser rate of driver licenses. Therefore they have to “beg” for mobility-services or are the “captive riders” of public transport. Experts and seniors allude to this topic in different contexts. But the position and role of women in the future world of mobility and traffic is not very clear. In the year 2030 80% of all women will own a driver’s licence; accordingly their participation in motorised traffic will highly increase during the next 30 years. But what behaviour will they show behind the steering wheel, and how high will their risk of accident be? Will they be accepted by the public, will they need particular advice, support or help? Will these changes influence the mobility of senior citizens and the structure of the traffic system in common?

Some of our findings hint to gender differences, and further research could analyse their consequences:

- Elderly women are frequently socially engaged (need to be mobile for these reasons).
- They are more experienced in the use of different means/modes of mobility, except for the car and car use;
SIZE Deliverables D5 & D6

- They are more flexible in their choice of means of transport;
- They are more open for traffic-safety measures;
- They are more active in linking themselves to a social network.

Some discrete issues

As future fields of research we can finally outline the following topics:

We shall review:

- the chances of best practice models to become standard area-wide;
- maintenance of street conditions in the course of the year (e.g. the sidewalks in winter particularly in areas with high volumes of senior road users);
- the acceptance of introducing a voluntary year of social commitment for seniors, as an option to remain active and “useful”; 
- innovation centres with emphasis on age and aged people as multidisciplinary interfaces between industry, research, politics and the citizens;
- a possible fight for the distribution of resources between seniors and other societal groups and among each other (e.g. impaired against aged; wealthy seniors against poor seniors);
- reasons for a paralysing or a slowing down of progress in mobility enhancement;
- the mobility chances or restraints provided to the elderly citizens by IT (information technologies)

In Germany the status of mobility research with respect to senior citizens is relatively high, but in the German society we cannot find consensus about the direction that the future development should take. A lot of conceptual, practical and political problems complicate the way from “theory” to social/societal “practice”.
IRELAND [PARTNER 04]

Health Studies Unit, Department of Applied Psychology, University College Cork: Eleanor O’Leary & Ciara Staunton

EXPERTS – MAIN FINDINGS

As written in the introduction of this chapter (p. 1) the system of classification used in the present study was devised by Ribas, Monterde i Bort and Zakowska. The classification of knowledge, for both experts and older adults, contained the following areas:

- the actual motivations, fears and routines of older adults;
- the general limitations of older adults;
- the attitudes and prejudices of people towards older adults;
- specific older adult mobility problems;
- improvements in older adult mobility;
- accessibility;
- comfort and security;
- independence / autonomy / mobility;
- social participation / education / mobility;
- leisure;
- lack of policies, rules, laws or lack of compromise by authorities;
- lack of social participation of older adults or lack of consultation with older adults;
- lack of enforcement;
- conflict with other users’ needs;
- generational conflict

It must be noted at the outset that there is considerable overlap in the statements made by experts and older adults in response to the questions asked at the focus groups and during the in-depth interviews. Therefore, for both expert and older adult analysis sections, many of the same issues arose. This indicates, perhaps, a good deal of understanding, on the part of the experts, into the mobility problems of older adults in this country.

What do you think of today’s mobility conditions for senior citizens? How do senior citizens cope with the present mobility situation?

The following sections relate to the responses made by the experts from the general question “What do you think of the mobility conditions of older people?” and the first specific question “How do you think older adults cope with the present mobility conditions?”.

Experts' knowledge about actual routines, fears and motivations of older adults

This section is subdivided into the routines (as perceived by the experts) of older adults, the fears held by older adults in relation to transport and travel and finally experts’ knowledge of what they think are the actual motivations of older adults to travel.
SIZE Deliverables D5 & D6

Routines

Forty-seven statements were made by experts regarding the routines of older adults. In general, the experts were in agreement that public transport is the main method of travel used by older adults in Ireland, especially within urban areas. This is due mainly to the fact that Irish older adults are entitled to a free travel pass once they reach the age of 66 years. However, there are some restrictions in using this pass. In the major cities, the pass cannot be used between 9am and 10.30am and again between 4pm and 5.30pm from Monday to Friday as these are the peak travel times. In terms of the routines of older adults when using public transport, experts believed that older people adjust their travel plans so as not to coincide with the peak times when the free pass is not valid. Other methods of travel include driving and walking were mentioned as routine among older adults. It was stated by some that many older people choose to stay at home rather than travel. This greatly impedes their mobility and can lead to greater isolation. It was also noted that the routines of older adults living in rural areas would be very different from those living in the cities. The main mode of travel in rural areas is a car. It was stated that cycling is not very popular among older people in Ireland but this may change in the future as more attention is now being given to the development of cycling routes.

It appeared to the experts that as people get older, they become more reliant on family, neighbours and friends for transportation. This is especially true in rural areas. The experts stated that older adults who drive may adjust their routines and believed that driving is more stressful for older people. The following points were mentioned: older drivers avoid certain areas when driving, e.g. the city; they limit the frequency of their trips; they change driving behaviour as they get older; they reduce night time driving; avoid driving altogether; reduce the length of a journey; drive only in local areas and as their confidence decreases in driving they may stay in more and more. Some experts also believed that older adults often curtailed their social activities due to the lack of available transport in rural areas.

A further 28 statements were made about the routines of older adults during the in-depth interviews. It was pointed out that older people are more active today and that people in rural areas walk more often. The experts felt that for the majority of older people who are fit and healthy, their mobility is quite good and that they cope well with it and make good use of the services that are available. Nine statements related to coping well. It was felt that it was older people with disabilities and those in rural areas that incur most problems while those confined to their own home being the most vulnerable. The experts felt that older people, because they usually do not have their own transport, are reliant on either public transport or on their family and neighbours.

Fears

Eight statements were noted concerning various fears of older adults as perceived by the experts. These included the following: fear for safety; worries about crime; fear for personal security; fear of walking at night, especially in rural areas; fear of overcrowded buses as well as a fear of being pushed around when trying to get on a bus during peak times. For older drivers, fear of the speed at which other drivers travel was mentioned. Experts believed that many older people avoid the city centre altogether because of fears in relation to heavy traffic, the fast speed and the lack of parking availability.

Motivations

Only two statements were noted as relating to possible motivations of older adults to travel. One expert mentioned that if the large number of parking spaces for disabled people were available to older adults, then this motivate them to drive into the city, as the lack of parking
was given as one of the main reasons for not driving by older people themselves. Another expert stated that the busier the city centre gets, the more unattractive it becomes to older people because it is too crowded and she believed that this does not motivate the older person to come into the city.

**Experts’ knowledge about general limitations of older adults**

According to the responses of the experts at the focus groups, the general limitations of older adults can be summarised under the following subheadings: physical limitations, health limitations and cost limitations.

*Physical limitations*

Nine statements were made concerning the perceived physical limitations of older adults. It was felt that physical limitations associated with ageing such as back problems, arthritis or visual impairment may all have an effect on the older person’s mobility. Experts stated that drivers may not wear their glasses/hearing aids due to pride. They also believed that the reaction times of older adults are slower and this can affect both car drivers and pedestrians who cannot walk or move as fast as they used, therefore making the crossing roads a difficult task. Due to the lack of facilities for the disabled, older people who are wheelchair bound may simply be entirely immobile.

*Health limitations*

Four statements were discerned that related to health limitations of older adults. Some experts were of the view that for mobility, age does not matter, rather it is the physical ability of the person that is important. They stressed that the issue of ageing and health deserves consideration. Healthy older adults have considerably more mobility power than those in poor health. Many health and social issues such as arthritis, osteoporosis, gait or balance difficulties can impede mobility and affect the coping mechanisms of older people.

*Cost limitations*

Four statements were made relating to cost limitations. For the majority of older adults the state pension is their only source of income. There were a number of mobility limitations mentioned by the experts which related directly to finance. Parking costs are prohibitive for older people on low disposable incomes. The cost of transport is higher for those living in rural areas as they have to use more taxis which are more expensive than public transport. Insurance costs constituted another limitation which further dissuades older drivers from driving. The high costs associated with running a car was also considered a factor.

Fourteen statements were made during the in-depth interviews regarding the general limitations of older adults, limitations which, it was felt, are dependent on the physical condition of the person. It was mentioned that the limitations stem from the fact that “nothing is provided” for older adults. Further limitations arise because of a lack of proper planning and foresight in infrastructure. Because many older people may cope badly with their situation, they may become “isolated, lonely and insecure”. They may also become frustrated and depressed. One expert mentioned that older people simply do not go places. They would rather stay at home than be embarrassed at their inability to board the bus or the train.
Experts’ knowledge about attitudes and prejudices of people toward older adults

Four overall issues were raised by the experts during the focus groups in relation to the attitudes and prejudices that older adults may encounter. One prejudice often experienced by older adults, according to the experts, is the strict enforcement of the travel pass conditions by some bus drivers. One participant gave the example of an older woman being asked to leave the bus as it was not the allocated bus pass time, i.e. after 10.30am. Equality issues in relation to older adults who have to take a medical test every year to renew their licence were mentioned as being discriminatory. The perception of elderly people as “less able” can lead to an acceptance of ageist stereotypes by society and by older adults themselves who internalise the belief that they should conform to this stereotype. Furthermore, it was stated that older adults have a ‘dogged mentality’, that they can be very ‘stubborn’ and that they ‘do not ask for help’ or for their entitlements. No further issues were ascertained during the in-depth interviews.

Experts’ knowledge about specific mobility problems of older adults

The responses given by experts in relation to specific mobility problems can be grouped according to the various modes of transport: public transport users, car users, pedestrians and cyclists. Overall, 55 statements were made at the focus groups and a further 32 during the in-depth interviews.

Public transport users

Twenty-two statements were made in relation to public-transport users. Although most experts agreed that the free travel pass in Ireland is a big advantage in terms of mobility of older adults, they also pointed out numerous problems associated with the main form of public transport, namely bus travel. Such problems included: the inaccessibility of public transport in rural areas; the parking of cars at bus-stops which hinder older people in alighting from the bus; high steps on country buses which make their ascent or descent either impossible or very difficult; problems of older people with a walking stick or a zimmer frame; bus drivers not letting down the step to aid an older person in alighting from a bus; the non-availability of new lower-floor buses in rural areas; general infrequency of some buses and the negotiation of steps getting on to the bus. In the city, some streets are too narrow for buses or taxis so they do not stop there, thus leading to the isolation of older adults who live in these areas. Poor lighting at bus stops is a cause of concern for older people travelling at night while older people at bus stops can experience security fears. If people do not queue properly at bus stops, some older adults may be pushed around or experience a general lack of respect. The fact that the free travel bus pass is only valid at certain times was mentioned and it was felt that this results in older adults being immobile during those times especially if they are relying on public transport. This was highlighted in the example of early appointments with a doctor as being incompatible with bus pass times.

In relation to train travel, experts noted one major difficulty in relation to access to the trains. There is a large gap in the railway station in Cork between the platform and the train step. This is very difficult for older adults to negotiate and it was noted that this may result in dissuading older adults from train travel.

Sixteen statements were made in relation to public transport during the in-depth interviews. Most of these referred to the negative aspects of the service such as: the infrequency of buses; inadequacy of services in rural areas; free pass restrictions; too great a distance between bus stops; lack of wheelchair-accessible buses in rural areas and difficulties getting
onto and off the bus. Some older people, it was believed, cope by using taxi services rather than buses. For rail travel, the gap between the train and the platform was mentioned once again.

_Car users_

Nineteen statements were made in relation to the perception of older car drivers: they are slower and cause more accidents; they are more cautious and slow down other drivers; they drive illegally in the hard shoulders; many are not alert and have slower reaction times and thus may be a liability on the roads. However, some experts stated that older drivers have been proven to be safer drivers. In future generations, it is expected that there will be more older drivers.

Experts also mentioned the following as problems which they believe are encountered by older drivers: parking difficulties; traffic congestion; glaring lights; poor condition of road signs; overhanging hedges that make it difficult to see road signs; inconsistent road signs; bad road conditions in rural areas; narrow laneways which are difficult for older drivers to negotiate and insurance costs.

Three statements were made about car travel during the in-depth interviews. Specific problems encountered by motorists included: the many road works taking place throughout the city and the lack of maintenance of both roads and road signs.

_Pedestrians_

A total of twelve statements were identified that related specifically to the mobility problems of pedestrians. Issues noted by the experts included the condition of public footpaths with reference being made to broken flagstones on pavements and the type of paving which is now being used in Cork city centre. The new paving consists of raised dimples which are suitable for those who are visually impaired but not for older people who may be arthritic. It was stated that the zebra crossings are irregular, their locations are not planned and that they are not designed with older people in mind. The ‘green time’ at pedestrian crossings was considered to be insufficient for older adults to cross the road. In rural areas, the footpaths and zebra/pedestrian crossings are almost non-existent thus making it very dangerous for older adults.

Two statements made during the in-depth interviews were that the paving needs improving and that there is insufficient lighting in rural areas and in the outskirts of towns.

_Cyclists_

Cycling is not a very common mode of transport in Ireland but experts did mention that this was probably due to both the fact that the Irish do not respect cyclists and that there are no facilities for them.

Other statements made during the in-depth interviews referred to the need for improvements in transport for older people, that the urban/rural issue needs to be addressed and that many day-care centres find it difficult to organise trips for older people as they cannot get insurance cover. Sadly, one expert stated that “some people cope by just not going places”.
**Experts’ knowledge about what has been done to improve older adult mobility**

Nineteen statements were made in terms of what has been done to improve the mobility of older people. It was noted that more legislation has been passed in the area of equality in Ireland so there has been more of an emphasis on the quality of life of older adults. In addition, all new schemes in the city have to be audited to make sure they are mobility friendly. The most important improvement which was mentioned at all focus groups was the introduction of the free travel pass for older adults. According to the experts, this pass has resulted in the liberation of many older people thus providing them with the freedom to travel where they want. It can be used at all times on state-sponsored travel including the Ferry. The only exception is for bus travel, where the pass is not valid during peak times in the major cities. For provincial services, passengers travelling at these peak times only have to pay for the first 20 miles of the journey which costs 6 Euros. An expert from Bus Eireann (the National bus company) explained that recently the company has begun keeping a record of all passengers who board each bus including those with the free travel pass. The government then reimburses the company per capita for all free travel passengers. In previous times, the company received an estimated cumulative sum for transporting free travel passengers. It was suggested that this practice might have lead to a neglect of routes typically travelled by a lot of free travel customers in favour of more profitable routes. It was concluded that, although public transport has seen beneficial changes, there is still room for improvement.

A number of specific improvements that have been made in terms of transport and mobility were highlighted by experts. Many buses are now wheelchair accessible and contain green lights on the floor and yellow handrails designed specifically for the visually impaired. These improvements will be introduced on all provincial buses by 2006. Cork city has a new fleet of buses, 90% of which have the drop down floor making it easier for older adults to alight. The relatively new Park and Ride facilities enable older adults to park in the suburbs and avail of a bus service into the city so that they can avoid both driving in the city and finding parking once there. It was mentioned that the new dishing on the pathways on Patrick Street (main street in Cork city) will be beneficial for older pedestrians in that there will be no high kerbs to negotiate. An example of an improvement was that, in a rural town, there is a log on internet system on which people can view travel times and maps. It was stated that older adults should receive training on how to use such a system. It was also pointed out that in another county, school buses are used to transport older adults when they are not in use at school times. It was believed that this is a good way of coping with the lack of transport in rural areas. In fact, in some places, postmen and milkmen act as service providers.

Thirteen statements were made during the in-depth interviews. The specific improvements mentioned reiterated those highlighted during the focus groups: free travel pass; low floor buses; tactile surfaces for the visually impaired and improved wheelchair access on city buses. Some further improvements mentioned were that the Department of Transport is much more aware of the needs of the disabled and the mobility impaired. An interesting development has occurred in the library services which now deliver books and tapes to older people in their homes as well as collecting the books from them. In general, it was felt that public transport is having a good effect on older people’s mobility and that the outlook is positive.
Other comments

Twenty-six observations were made by experts about the general mobility conditions of older adults. It was stated that there is a real rural/urban division when it comes to public transport in Ireland. It was also noted that the traditional notions about age are changing and sixty-five years of age is not now considered old by the majority of people. The term older adult encompasses a huge range of people with many different mobility needs and styles of coping. Individual differences must be considered rather than discussing older adults as a homogenous entity. According to the experts, coping depends on the individual. Some older people cope remarkably well while others do not. It is not appropriate to generalise. Those who do not possess adequate coping skills may become socially withdrawn which can lead to other problems. It was the view of the experts in the focus groups that older adults in Ireland have a lot of choice in terms of transport. The main issue, they believed, is access to community services. Mobility conditions are dependent on the mode of transport e.g. for those who rely on public transport such as the bus, the facilities are far better within the city than in rural areas. Similarly, those who rely on their cars in rural places will be far less isolated than those who do not drive. The experts believed that many older people let their independence go and therefore become dependent on family members for transportation. Others who live in isolated areas, they suggested, may become depressed due to their immobile status.

Various comments were made on the actual realities of the transportation system in Ireland. It was pointed out that funding for public transport from the government is only 20% while other European countries receive 80%. The funding obtained by Bus Eireann in 2002 from the Irish government was 22.5 million Euros for the entire country excluding Dublin which only amounted to 10 Euros per person for the year. However, Ireland is the only EU country with free transport for older adults. There are 12 categories of free travel passes in Ireland. The spouse of a person who holds a travel pass is also allowed to travel without payment regardless of their age, provided that they are accompanying the older adult.

Some experts were of the belief that the European standard for ‘green time’ at pedestrian crossings of 1.5 meters per second is too fast for older adults. However, it was also pointed out that to increase the green time at pedestrian crossings would result in instant traffic jams in city centres.

A further issue raised was that of older adults as volunteers. Various community schemes such as ‘meals on wheels’ depend on older adult volunteers to a large extent. However, experts were of the belief that many older people may not have the transport to get to the centres which then prevents them from being involved as volunteers. Finally, it was felt that in rural areas there is more of a group awareness and older people can better look after each other.

Nine other statements in the in-depth interviews referred to the fact that people are living longer, can drive for longer and that mobility is extremely vital for older adults even for those confined to a wheelchair. One expert admitted that she would not have a deep understanding of how older people cope psychologically but felt that there is possibly a need for them to make do with what is available.

What enhances and what limits the mobility of senior citizens?
Which measures are necessary to improve the situation?

This section provides the analysis for the second, third and fourth questions of the expert focus groups and in-depth interviews:

Q2: What enhances the mobility of senior citizens?
Q3: What limits the mobility of senior citizens?
Q4: What measures are necessary to improve the situation?

For each section relating to a particular form of mobility - pedestrians, car users, public transport users, cyclists, general and other, the topics covered include the following: accessibility; comfort and security; independence/autonomy/mobility; social participation/education and leisure. Therefore, the statements made for each mode of transport are categorised under these headings. Each form of transportation is dealt with in detail.

**Pedestrians**

**Accessibility**

Twelve statements were made in relation to accessibility for pedestrians. Experts pointed out a number of problems within the city centre. These included: the bad condition of footpaths; a lack of safe pedestrian crossings; the high kerbs of footpaths and the general paucity of seating areas in public areas which discourages older adults from walking around the city. Currently there are numerous areas of Cork city that are undergoing major design changes and experts believed that all of these road works, plus the conditions of the roads as a result of this, dissuade older adults from coming into and walking around the city.

To encourage older adults to walk more frequently, it was suggested that the following could be provided: an island in the centre of the road which would act as a resting space when older people are attempting to cross major busy roads; more pedestrianised areas within the city centre and more seating areas around the city centre for older walkers who can only manage short distances at a time. Finally, experts suggested that the walking pace of older adults should be taken into consideration when calculating the green times of pedestrian crossings as they are currently too fast.

Only one statement was made during the in-depth interviews and this referred to the pedestrianisation of the city centre.

**Comfort and security**

Nine statements related to the comfort and security of older adults. An enhancement of mobility for older pedestrians, as mentioned by the experts, was the acknowledgement that roads and footpaths in Ireland are beginning to be designed with older adults in mind. This is evident in the newly dished footpaths, the use of tactile paving and the large pedestrianised areas that are currently being provided in Cork city.

To further increase the comfort and security of older pedestrians, experts suggested the following: the introduction of more pedestrian crossing as well as more controlled pedestrian crossings, i.e. controlled with traffic lights, which would make it safer to cross the road and better maintenance of traffic lights and numbers on traffic lights for those older adults who may have colour blindness problems. Experts also mentioned that if there was more common courtesy and manners from drivers, this would enhance the comfort of older pedestrians. The resting islands in the centre of roads and seating in the city centre were seen as not only increasing accessibility but also providing comfort and security.

Three statements were made in this category during the in-depth interviews. One participant highlighted the lack of proper paving. Two suggestions made to improve comfort and security were the provision of more pedestrian crossings and better design of road junctions
for safer crossing of the road, which reiterated those made suggestions made during the focus groups.

*Independence/autonomy/mobility*

Only one statement was made in relation to the recent improvements in transport infrastructure such as the tactile paving and dished footpaths which enhance mobility.

Five statements were made during the in-depth interviews. To improve the mobility of older pedestrians, the following were suggested: better paving; tactile footpaths (2); dished paving and more pedestrian crossings which have ‘bleep’ sounds for the visually impaired.

*Leisure*

Two statements were made about leisure. It was suggested that the introduction of more walking clubs for older adults would help to increase their physical fitness and therefore enhance their overall mobility.

Finally, during the in-depth interviews, it was stated that more thought needs to be put into the construction of roads and footpaths for older adults.

*Car users*

*Accessibility*

Twenty-one statements were thought to relate to accessibility. It was agreed by most that the majority of older adults in this country rely on public transport because they are entitled to the free travel pass. Hence, there is no real reason why they should continue to drive. However, for those who do drive, the main issue that emerged was accessibility of parking. A number of suggestions were made which could be implemented as measures that would encourage more older adults to drive for longer. Such suggestions included prioritising areas for older drivers as well as issuing them with stickers that would allow them to park in disabled spaces. According to one expert who was representing disabled older adults, Cork has seen a large increase in the availability of disabled car parking spaces throughout the city. It was also suggested that multi-story car parks could be redesigned so that they would be more accessible for older adults, for example by using a spiral shape or by reserving the bottom floor of car parks for older drivers.

The high insurance costs are a further limitation that prevents many older people from driving. Keeping a car was seen as too expensive for those relying on a state pension. In Ireland, there are no insurance concessions for older drivers. One suggestion made to alleviate this problem was to introduce tax concessions to enable older adults to have automatic cars. These would be easier to drive and encourage older people to stay driving for longer.

Specific suggestions made for enhancing driving conditions for older adults included: the introduction of slower lanes of which older drivers could avail; better maintenance of traffic lights and an increase in the number of speed limit signs.

Lack of parking and therefore the need for adequate parking were the two points highlighted during the in-depth interviews.
Comfort and security

Nineteen statements related to the comfort and security of older drivers. The experts believed that dangerous driving on the part of older people is due to their unfamiliarity with new road signs, roundabouts and various speed limits as well as their slower reaction times and in some cases visual impairment. Further fears of older adults that impact on their comfort and security when driving included: fear of other drivers, fear of not being seen on the road; fear of not seeing traffic lights and fear of being “hooted off” the road. Experts believed that such problems could also be exacerbated by the general stress and pressure of driving today and the lack of tolerance of other drivers toward older adults, demonstrated for example, by blowing their horns at them.

The experts made a number of suggestions at the focus groups on how to increase both the comfort and security of older drivers. A refresher course in driving was suggested as one way of increasing their confidence. More specifically, experts stated that reflectors could be put on footpaths to identify them at night time, slower lanes could be introduced, the speed limits could be reduced at peak traffic times and traffic police could be introduced.

One enhancement that has been made in this country in relation to driving is the introduction of the Penalty Points System on October 31st 2002. Through this system, motorists receive two points on their licence and a fine of €80 (€120 if not paid within the 28 day period) for speeding or four points if they choose to contest the violation in court and lose. From January 1st 2003, motorists must carry their driving licences and failure to wear a seatbelt has also been added to the list of offences recently. Eventually, all 64 offences mentioned in the Road Traffic Act will be implemented by the end of 2005. Drivers who accumulate 12 points will be automatically disqualified from driving for six months. Points have a three-year lifespan. This means that after this period, they will be wiped from the driver’s record provided they have not reached 12 points. The experts believed that this system will facilitate safer driving by all and that there should be more police enforcement of this system as well as of the rules of the road.

No further statements were made regarding comfort and security during the in-depth interviews.

Independence/autonomy/mobility

Fifteen statements were made in relation to either the independence, autonomy or mobility of older car drivers. It was suggested that the main reason older drivers avoid the city is because they do not like driving there. Therefore, experts felt that a Park and Ride service would increase both the autonomy and mobility of older adults. The Park and Ride, a system whereby cars can be parked in an allocated car park in the suburbs and the individual then transported by bus into the city centre, thereby reducing the hassle of driving and trying to find parking in the city is currently available, on a limited basis to the public. To encourage more older adults to utilise this service it was mentioned that the Park and Ride would have to be of a good standard, reliable, cost effective and be available at off-peak times. This is an especially good service for older people coming from rural areas who may not have a direct bus service into the city and are thus more reliant on their cars.

It was also mentioned that older drivers could perhaps take the driving text again or that the L-plate concept could be expanded. It was suggested that because many younger drivers are inconsiderate of older adults, there could be an emblem for older drivers which would make people more tolerant of their driving.

A number of factors were given which experts thought may impinge on the mobility of older drivers. These included: the volume of traffic and vehicles such as articulated lorries may
deter older adults from driving; road traffic signs which are blocked so cannot be seen; a lack of signs indicating the speed limits of the roads. To alleviate such problems, it was suggested that the confidence of older drivers must be enhanced. This could be achieved through a better financial encouragement to drive such as lower insurance costs or tax concessions for older drivers. It was even suggested that specially modified vehicles could be designed for older adults.

Three statements were made in this category during the in-depth interviews. Restrictions to independent mobility mentioned were: the cost of keeping a car; the high insurance premiums and the restrictions of maintaining a driving licence once a person is over 65 years.

Social participation/education

Two main issues were highlighted by the experts in relation to social participation and education. Firstly, in terms of education some experts suggested that there should be ongoing training and competency testing for older drivers. This could be achieved through driving courses or re-educating older drivers about the rules of the road.

Secondly, to increase the social participation of older adults, experts suggested the idea of car pooling. They felt that if one older driver could be encouraged to be responsible for driving a few of their neighbours to various events/outings/organisations this would enhance the mobility and social life of all involved. One way of accomplishing this is to provide short-time insurance to the drivers of such cars so that they could taxi people around. This would be of particular benefit to those living in rural areas.

No further statements regarding social participation/education were elicited from the in-depth interviews.

Leisure

No statements were made by experts in relation to leisure.

Finally, at the in-depth interviews, one expert believed that there is an over reliance on cars because public transport facilities are inadequate.

Public transport users

Accessibility

Thirty-eight statements were classed as referring to accessibility. There was a general consensus that the free travel pass is the greatest enhancement of the accessibility of public transport to older people in Ireland. This is especially important considering the disintegration of the nuclear family unit. However, its one limitation in terms of access is its restricted use during peak times. It emerged during the focus groups that some rural areas are only serviced by public buses once a week. Thus, the insufficient numbers of buses and irregularity of services are major limitations for those living outside of the city. It was mentioned that there should be more buses available and more bus routes put in place to service such areas. It was also pointed out that there is a complete lack of taxi or hackney services in rural areas and where they are available they are very expensive. It was agreed that this often forces older people to rely on neighbours for transport thus indicating that the bus service needs to be improved in rural areas. Representatives of Bus Eireann (the national bus service provider) who attended a focus group, pointed out that increasing the frequency of buses to out of the way places could drive up costs. One expert observed that
deregulation of public transport would allow new routes to be opened up especially in rural areas. In terms of the improvement of accessibility of public transport, it was mentioned that state funding should be brought up to the EU level of 50% as opposed to the current 20% received in Ireland.

With respect to urban areas, experts suggested that access to buses needs to be improved through the strategic placing of bus-stops in areas where there is a high concentration of older adults such as hospitals, shops and various older adult organisations. There are now, in Cork, new orbital bus routes available on which the public can travel directly to the hospitals, routes which were previously inaccessible by public transport. This is a major advantage in terms of accessibility of services for older adults.

Other limitations pointed out included the very high steps on buses that older people must negotiate as well as the very large gap between the train and the platform in Cork railway station. Furthermore, it was highlighted that Cork railway station is currently not serviced by bus. It was suggested that there should be a shuttle bus between the bus and railway stations to make it more accessible.

Twenty-eight statements from the in-depth interviews referred to the accessibility of public transport. Most of these reiterated what was said at the focus groups. It was agreed that the free travel pass increases the accessibility of public transport but that this only applies to people who live within the city environs. To make public transport more accessible, there is a need for a better service in rural areas; a more adaptive transport system; more buses with the retractable floors; more bus routes; expansion of the free travel pass system and staff training to understand the needs of older people. It was suggested that different bus routes could be joined together for more convenience and that there should be more of a choice in terms of modes of transport such as dial-a-bus, taxis and park and ride facilities.

Comfort and security

Twenty-two statements referred to either the comfort or the security of older adults on public transport. The main improvement on buses in terms of comfort has been the introduction of the retractable flooring which facilitates older adults in alighting from the bus as well as providing wheelchair access onto the bus. It was stated by a Bus Eireann representative that by 2006 all provincial buses in Cork will have this flooring and that by 2008 it is hoped that all buses in Ireland will be so equipped. However, there were a number of specific improvements mentioned by various experts that could be implemented to further enhance the comfort and security of older adults. These included: more seating at bus shelters; more bus conductors (so that older people do not have to queue in the rain to get on to the bus); cameras at bus stops and more street lighting at bus shelters for safety. For rail travel, it was mentioned that there should be proper seating for people in wheelchairs, clearer public announcements and a numbered seating system for pre-paid seats. One expert mentioned that older people do not like to travel alone on a train. A comparison was made with Sydney, Australia where a blue light on a carriage indicates that security personnel are available on that particular carriage thus ensuring the personal safety of those travelling on it. Lack of common courtesy among the public, such as the lack of bus stop etiquette where older people are pushed out of the way or where people no longer offer up their seat for an older person, were mentioned as further impediments to comfort.

Nine statements made during the in-depth interviews referred to the comfort and security of public transport. Impediments to comfort mentioned were: overcrowding; lack of bus shelters; puddles at bus shelters and an unattractive public transport system.
Independence/autonomy/mobility

Sixteen statements were made in the independence, autonomy and mobility category. The travel pass was mentioned as allowing older adults to take trips which they otherwise would not be able to afford. The companion pass, which allows a companion to travel with the older person, regardless of age, is also a major contribution to their mobility. However, a major theme that emerged from the focus groups was that, if the general mobility of older adults is to be increased, then major improvements would have to be made in public transport for rural areas. The irregularity of bus services as well as the sparse distribution of bus stops in the countryside greatly impedes the mobility of older adults. Perhaps smaller buses which could be operated on a community basis would alleviate the problem somewhat. It was even suggested that school buses could be used to transport older people when they were not transporting children to and from school. Comparisons were made with the hopper buses in England which will pick a passenger up along its route and will stop wherever a person requires it. Furthermore, it was mentioned that some bus drivers may not lower the step for older people making it difficult for them to get onto or alight from the bus.

Lack of information about bus timetables and routes and about the available facilities was seen as a further impediment to mobility among older persons. It was mentioned that there should be more consultation with older adults at the planning stage when introducing changes in the public transport system.

Six statements were made in this category during the in-depth interviews. The lack of frequency and unreliability of buses and the travel pass restrictions were mentioned as restricting mobility. On the other hand, one expert pointed out that some older people make train journeys simply for the sake of it because the travel pass allows them to do so. To increase mobility it was suggested that a significant investment in public transport is needed to allow the connection of different areas of the city.

Social participation/education

Nine statements were made by experts in relation to social participation or education. It was stated that, if the city centre could be made more attractive as a destination, this would encourage older adults to travel into the city thereby enhancing their overall social activity. This would be aided by providing more bus lanes to guarantee travel time into the city centre.

Many experts mentioned that bus drivers and service providers need to be educated about the needs of the older population. They felt that older adults may avoid travelling by bus because of a fear that something may happen to them which the bus driver is not trained to handle. A Bus Eireann representative pointed out that disability awareness training is mandatory for all employees of the organisation which ensures that drivers have the skills to offer older travellers any help which they may require. Other experts highlighted that, older people might not be aware of this and hence, they too should be educated about the assistance that can be offered by the bus driver, thus allaying any fears that they may have.

Health education was mentioned as a requirement for older adults in that they should be made more aware of the benefits of healthy ageing. It was pointed out that older people should receive more information regarding their travel entitlements.

No further statements were ascertained from the in-depth interviews in this category.
SIZE Deliverables D5 & D6

Other

Four statements were made during the in-depth interviews that did not fit into any of the categories above. Firstly, it was felt that from a transport point of view, there appears to be a greater awareness of the needs of the mobility impaired but not necessarily of older people as a particular cohort. Examples of specific problems encountered by older public transport users were outlined. Because a stone was thrown at a bus on a particular route, it no longer completes its full journey. Therefore, many older people are left off the bus at a good distance from their homes. At a specific train station, it was announced that only fee-paying passengers were to board the train. Anybody with the free-travel pass was to stand aside and wait until all the others had boarded! Finally, the example was given of two older women who have to compete with five schools in the area for the one bus every day. They felt that it was a case of the 'survival of the fittest'!

Cyclists

Only two statements were made during the focus groups in relation to the mobility conditions of cyclists. These were that there should be more cycle lanes and corridor routes for cyclists.

General mobility conditions

This section contains those statements that referred to mobility conditions in general rather than to a particular mobility type. In all, 47 statements were deemed to fit into this category. It was pointed out that, in general, there are important individual differences in relation to past experiences with travel that influence the transport people use and will continue to do so. It was also stated that it is the good will of other people which enhances the overall mobility of older people by helping them on and off a bus thus preventing others from skipping queues and so on.

Another area discussed was more public awareness of healthy ageing through education and awareness raising initiatives. This was viewed as a necessity to facilitate the mobility of older adults. Proactive approaches to health could take the form of health planning for old age in middle age.

It was felt that a complaints board, where older adults could voice their concerns, would benefit the quality of services provided. In addition, it was suggested that an information facility regarding transport options would be advantageous. Furthermore, representatives of older adult groups should be consulted at the planning stage of development in the city. An umbrella group that would look after the concerns of older adults could be established. There should be an abandonment of retrofit development strategies whereby developments are built in stages, in favour of a more complete developmental perspective which would allow greater consideration of all aspects of the development. This would also incorporate strategic planning where plans in relation to older adults are proofed from a top-down level the same way as new ideas on disability are appraised by city planners. One expert stated that older adults should be viewed as customers rather than as a statistic. Funding was mentioned as a major issue that affects all forms of mobility.

Due to the migration of younger generations from rural areas, experts pointed out that older people cannot rely on friends or neighbours in the community for transport as much as previously. This, as well as the distances in rural areas between neighbours and between residents and the local shop, means that older adults are often isolated. This makes them more dependent on family or on the good will of others for transportation. The
encouragement of more volunteers in particular communities could help alleviate this situation.

From the in-depth interviews, there were 59 statements that were deemed to belong in a general category. The following were outlined as currently enhancing older adults mobility:

- family and friends who look after and provide transport for older adults;
- community and day-care centres;
- physical activity;
- a previous good experience when travelling and a current understanding among older adults that life doesn't stop at 65 years.

Limitations to the general mobility of older people put forward by the experts were:

- inaccessible buildings and vehicles;
- lack of integration of services and infrastructure;
- bad design of buildings;
- lack of concern among city planners;
- physical complaints such as arthritis;
- health problems;
- security and safety fears;
- lack of planning and consultation with older adults;
- isolation in rural areas;
- lack of a access to information and a lack of awareness among older people as to their rights.

When asked for measures that are necessary to improve older adult mobility the following suggestions were made by the experts:

- more understanding and foresight by city planners;
- a system whereby the views of older adults and the disabled are heard rather;
- communication with older adult representatives and better lobbying by such representatives;
- health promotion;
- strengthening exercises and finally community support, especially in rural areas.

**Factors that prevent implementations from working**

**Lack of consultation with older adults**

There were thirty-six statements made that related to the lack of consultation with older adults. Most of the statements related to the lack of information flow between planners, service providers and older adults. According to participants, there is a huge lack of consultation between design experts and older adults or older adult organisations at the planning stage. It was felt that more opinions should be sought from older adult representatives about their current mobility concerns. There needs to be a clearer articulation of their needs by older adults in terms of mobility so they could be taken into account in future plans. A survey was recommended where older adults could voice their needs and give feedback about their current mobility concerns. The phrases 'listen' and 'ask the right people the right question' were used. This could lead to an improvement in strategies where the concerns of older adults are taken into account. However, it is believed that this lack of influence is due to the fact that older adult organisations do not have as powerful a voice as other lobbying groups. This issue was mentioned at all focus groups.

On the other hand, some experts believed that there was an unwillingness on the part of older adults to ask for what they want. They mentioned that older people are not sufficiently vocal or organised as a group to invoke change. Experts were of the opinion that older people are less likely to complain or ask for help and feel that their opinion will not be valued so it is pointless to offer it. They also felt that older adults are very private people and may not want to disclose details of any difficulties or disabilities they may have and that they are too proud to avail of the facilities when they are put in place.

A further six statements regarding a lack of social participation of older adults were made during the in-depth interviews. It was felt that older people sometimes lack awareness, motivation and at times don't know what to do with themselves. Regarding consultation with older adults, it was stated that they are simply not consulted and that planners find it easier to build away instead of taking the time to consult with older people regarding their needs.
**Conflict with other users’ needs**

Fifteen statements were made in this category. In terms of design and planning, it was stated that there are competing interests, for example, between pedestrians and traffic flow and commercial interest usually gets priority over civic interest. Experts stated that designers are encouraged to use minimum design codes to increase the capacity and flow of traffic and as a result the needs of older adults are in direct conflict with those of other users. The ethos in planning transport designs appears to be the ‘greatest number in the shortest period of time’. What is best for older people is not always economically viable. It appears that there is prioritisation of the needs of alternative sectors of the community, for example, younger adults.

It was believed that, in general, what is best for older adults is not always economically viable. Some suggestions included providing community buses that would transport older adults around as it appears that there is no desire to run a public bus route specifically to areas that are populated with older people. However, it was pointed out that community buses are not cost-effective as they are very expensive to run and maintain and the insurance costs are extremely high. There is also the issue of trying to find drivers for these buses. Some experts believed that it would be better for local communities to pool resources together and organise taxis among themselves. No further statements were ascertained from the in-depth interviews in this category.

**Lack of policies**

Eleven statements were made that fitted into this category. It was pointed out that the lack of enforcement of policies relating to transport infrastructure was due to the change of government before the previous one had fulfilled its promises and a lack of will on the part of the current government. The phrase ‘a government without a social conscience’ was utilised by one participant. It was stated at two focus groups that there needs to be more ‘awareness’ on the part of authorities of the needs of older adults as well as those older adults with disabilities. A need for more education regarding such needs was also mentioned.

It was believed that there is a lack of common sense among planners and designers in their piecemeal application of infrastructure. At present, things are done in isolation instead of being tackled as a complete package. It was also highlighted that there is a complete lack of inter-agency and inter-organisational communication with the result that few coherent policies are implemented by the authorities. A further issue raised was that because older adults do not have a large voting power, politicians are reluctant to promote older people’s issues.

Four statements were made during the in-depth interviews regarding the authorities. Both a lack of co-ordination in the community and a lack of enthusiasm and co-operation on the part of local authorities and government agencies were mentioned. Similar to the focus groups, it was felt that older adults are not viewed as a priority group by the government as they are not politically active.

**Lack of enforcement**

Six statements were made about the lack of enforcement of policies which prevent any change from being implemented. For example, it was pointed out that the pedestrian priority is not enforced in the city centre. It was stated that the government should stop making token gestures and implement real change. ‘There is too much paper pushing and not enough action’. However, the reality of implementing some of the changes required was
highlighted by some experts. For example, if more seats were placed at bus stops, it would have the undesirable effect of encouraging vagrants to sleep on them. Similarly, if extra seating was provided around the city, people other than older adults would probably commandeer them.

Two statements from the in-depth interviews referred to lack of enforcement. One stated that the authorities could do something but they just don’t. Another stated that there is a lack of a real drive within the public transport industry to make anything happen.

**Generational conflict**

Five statements were related to generational conflicts. It was stated that there is generally a lack of cross-generational communication which results in a lack of awareness of younger people regarding the needs of older adults. For this reason, there is a great need for education and awareness that we are a changing society with an ever increasing older population. It was believed by experts that there must be both a cultural and organisational shift in attitudes regarding the concerns of older people and that the responsibility for looking out for the needs of such citizens should not fall on the shoulders of a few individuals. No other statements were ascertained from the in-depth interviews.

**Other comments**

There were 23 statements made that did not fit any of the previous categories and are outlined in this section. Financial constraint was considered to be the single biggest block to improvements that could be made in terms of older adults mobility. The lack of money and the cost of implementing changes was mentioned at each focus group. For example, it was questioned whether the design of car parks could be made more accessible for older adults. According to various experts, this would not be a cost-effective solution from a design point of view. Experts also pointed out that space limitations prevent developments such as cycle lanes and large footpaths being put in place.

Lack of funding was also mentioned in 15 of the 23 in-depth interviews. Other reasons given during the in-depth interviews included: a lack of will and a lack of understanding; social attitudes and people’s attitudes in general.

Experts were also of the belief that mobility problems are tackled in isolation instead of being part of a complete package and this results in poor city planning. The infrastructure needs to be examined as a whole rather than in segments and agencies should work together. It was felt that we should look to countries like Germany that are now catering for an aged population and examine what measures they are taking. Furthermore, it was suggested that 10-year strategies could be implemented where a small number of changes are made on a yearly basis which would include conditions of mobility for older adults.

Ageist attitudes were also mentioned as a reason that prevents the implementation of initiatives. On the positive side, it was felt that there is now a growing awareness that issues around ageing must be considered and that in the future, with more inter-generational and inter-organisational communication, older people will become less alienated from technological advances and cultural changes.

Experts were of the belief that older adults are no longer considered to be an essential part of the family unit. Cultural changes in their role in the family has lead to greater isolation. Other experts felt that solutions of problems which relate to older people lie within the community itself and there should be flexibility in responses so that solutions are reached that are suitable to a specific context.
SENIORS – MAIN FINDINGS

What do you think of today’s mobility conditions for senior citizens? How do senior citizens cope with the present mobility situation?

*Actual routines, motivations and fears of older adults*

From the general and first question of the focus groups, the following routines, motivations and fears were outlined by participants in FGI and IDI.

**Routines**

Seventeen statements were made that related to the routines of older adults. The advantage of the bus pass was made apparent when it was stated that there was no need to drive into the city any more because of the bus. To avail of the free travel pass, however, many participants felt that they had to schedule their appointments so that they would not conflict with the peak travel times. Therefore, many of their routine activities were based around the free travel times which could be quite limiting. They also had to plan well in advance for any appointments so as to ensure travel arrangements. It was pointed out that sometimes it is difficult to keep appointments due to the irregularity of buses. Hence, the older people found it difficult to depend on the bus service. It was observed that it was more convenient to use taxis when going to important appointments such as to the hospital or to the doctor because they are more reliable and usually on time. Another participant stated that if it was not possible to get a bus, she was more likely to stay at home. The implication of this is that the lack of public transport impedes the social life of many older adults. Some other participants mentioned that they routinely rely on family and friends for transport although one individual commented that she prefers to be independent and get the bus when possible. There was one cyclist at the focus groups. This participant stated that it was often necessary to cycle on the footpath to avoid traffic on the street. She would also routinely have to get off her bike to accommodate pedestrians or to avoid car doors that may suddenly be opened.

Four statements were made regarding routines during the in-depth interviews. These were that: older people routinely rely on neighbours to bring them places; living in a rural community is different because there are more helpful neighbours available and that the travel pass enables older adults to go to the hospital independently.

**Motivations**

Ten statements were made by older adults in relation to their motivation to be mobile. It was stated that the “travel pass is great” or “excellent”. Since many of the bus routes have been expanded in Cork more areas have opened up as destinations which also motivates older adults to visit them when they may not have been able to do so previously. More importantly, it was observed that the travel pass gives older people greater independence. It was also pointed out that the new buses are roomy with more space in them to move around which is an incentive to use them.

No additional statements were ascertained from the in-depth interviews.
**Fears**

Five fears were mentioned in the focus groups. In relation to car driving, it was suggested that some older adults are afraid to drive in the city centre. An older adult who stopped driving stated that this was due to no longer feeling happy driving. In fact, some drove only a certain distance into the city and then got a bus for the remainder of the journey. They were afraid that they did not drive fast enough and are terrified of accidentally hitting the accelerator. For cyclists, the worry of the bike being stolen and a fear of being hit by opening car doors were mentioned. No additional statements were ascertained from the in-depth interviews.

**General limitations of older adults**

Thirty statements were made that reflected the various limitations encountered by older adults. Physical limitations mentioned included: poor vision; slow reflexes; general aches and pains; injuries and arthritis. It was stated that arthritis changes one's personality, one can become “very moody” due to sore hips, legs and back. It often results in a curtailment of activities as a person who suffers from arthritis cannot walk for very long distances. Because of their slower gait and difficulties in walking, some pointed out that it takes too long to walk to the bus stop or that their back would be “crippled” if left standing while waiting for a bus. Often, a person with arthritis will have to get a lift to the bus stop. Such limitations can lead to frustration when one could do more if more physically able.

Health was also mentioned as a further limitation to mobility. As one participant stated: “when your health is affected, you can't get out and about”. Sickness was mentioned as being one of the main reasons that older people stop driving. Some participants stated that their doctors advised them to walk more often as it is good for the mind and the bones but they feel it is too painful. One woman pointed out that, if she sat for a long period of time, she had difficulties in getting up from the seat. Many participants stated that, while they get around with great difficulty, they did not want to be a burden on anybody while others were more optimistic and one person stated that “at least we are able to get out and about”.

A further limitation mentioned by some was the inability to drive and those individuals felt that it would be great to be able to do so. They stated that people from their generation did not have the opportunity to learn how to drive when they were younger and they would be too afraid to start at this late stage. They were of the belief that one is very independent when in possession of a car.

Twenty-seven statements were made regarding general limitations during the in-depth interviews. In relation to how participants felt older people cope with their mobility, six felt that older people cope very badly while seven believed that they cope quite well. Four others coped as best they could or reasonably well. It was mentioned that older people are “more adaptable than other age groups”, are “taking more care of themselves” and that “they are able to get out and about”. There were others who believed that older people are not adjusting very well to the mobility limitations of old age, rely on their family and need the assistance of home-helps.

**How older adults perceive attitudes and prejudices of people toward them**

Five statements were made about attitudes and prejudices. The older adults considered that there are some “ignorant drivers who won’t put down the step” of the bus or “park near the kerb” for older people who are trying to alight the bus. However, others stated that they believe drivers differ in attitudes, “there are some good ones and some bad ones”. Some
people stated that they routinely have to carry the rules and regulations relating to the free travel scheme with them in case they are challenged regarding their eligibility by bus drivers. Others mentioned that many older adults are dependent on their families for transport and mobility and this was not often the choice of the person. No additional statements were ascertained from the in-depth interviews.

**Specific mobility problems of older adults**

Sixty statements were made at the focus groups and 15 during the in-depth interviews that alluded to various problems in mobility. Seven focus group statements related to general mobility problems. It was felt that some older people have no mobility problems in terms of getting around while others encounter many difficulties. Some are very much reliant on family, friends or neighbours for transport and this may not always be the best option, as family members may not always be available to give lifts. Sadly, one person stated that “beggars can’t be choosers”. Those interviewed in depth stated that there are too many inaccessible buildings, there should be specific lanes for wheelchairs and that some people are completely stuck depending on where they live so that is a great need for improvement.

There were numerous statements made in relation to specific mobility problems and these were categorised according to the mode of transport to which they referred.

**Buses**

Thirty-two statements were made about buses. The problems mentioned included: the lack of buses, especially in rural areas; the lack of bus shelters and seats at shelters; the wait or queue for buses; the slanting seats at shelters; delays in buses and the high steps. Older adults felt that the hours for using the free travel pass were limiting. Furthermore, it was stated that being pushed out of the way at a bus stop was a problem and that the facilities on the bus such as the drop down platform are frequently not utilised by the driver. Some participants stated that they would like more time to be able to get on and off the bus. They also complained that when there are no seats available on the bus, they are jerked around a lot. In some areas, the bus service is very infrequent and one could be waiting for a bus that has been taken off the route without being informed of it. Similarly, in areas which are not regularly serviced on a bus route, it can be quite a distance to the bus stop.

During the in-depth interviews, it was stated that: those who live far away from a bus stop have the greatest problem; some areas are serviced with a bus only once a day and older adults are unable to drive onto rural buses in a wheelchair.

**Taxis**

Nine statements were made about taxis. Five of these related to cost. Older adults felt that they were too expensive, especially for someone on a pension. Despite this, taxis are more reliable than buses as they are usually on time. Some felt that taxis should be a free service.

**Cars**

Eight statements were made about problems relating to cars. In the city centre, the issue of parking was mentioned at three focus groups as was the issue of clamping. It was stated that clamping is very unfair to those individuals who live within the city but have nowhere to park their cars. Parking discs are only valid for two hours so this is another issue for home owners in the city. Older adults who continue to drive must renew their licence on a yearly basis after the age of 70. For the reasons of parking stated above, many older drivers stated that they avoid driving in the city altogether.
The cost of keeping a car, the lack of independence that occurs once one stops driving and the complete frustration resulting from this were mentioned during the in-depth interviews.

Cycling

Four statements were made about cycling problems. These emphasised the lack of cycle lanes; cars that obstruct cycle lanes; lack of parking facilities for bikes and finally it was stated that newer bikes are too complicated for older people. No additional statements were ascertained from the in-depth interviews.

What has been done to improve older adult mobility

There were eleven statements made about various improvements to older adult mobility. On public transport, the retractable platforms were mentioned. Many bus routes have been expanded which has opened up more areas to the older person. However, many of these routes are not advertised so people may not be aware of them. It was stated that there should be a map of the bus route on the bus so that people can see where the stops are. For drivers, the introduction of the penalty points system was noted as an improvement as it forced people to reduce speed although old habits appear to be creeping back in. Some organisations for older adults arrange their own transport that bring people to and from the centre as well as on outings. For those participants who availed of this service, they felt that it was extremely beneficial. One participant stated that “life would be very dull” and that they “would not be here if it was not for the bus” while another acknowledged that the “organised trips are great, great to get us together and to keep us going”.

Eight statements were made during the in-depth interviews. On possible improvements, it was believed that most of the facilities are ‘grand’ and that there is “no major crib (complaint)” to be made regarding mobility conditions. The free travel pass and the new low floor buses were mentioned. It was stated that life is slowly being made easier for those in wheelchairs and that the community centres which have programmes for older people are a great improvement to mobility as they encourage people to get out.

What enhances and what limits the mobility of senior citizens?
Which measures are necessary to improve the situation?

This section provides the analysis for the second, third and fourth questions of the older adult focus groups and in-depth interviews:

Q2: What enhances the mobility of senior citizens?
Q3: What limits the mobility of senior citizens?
Q4: What measures are necessary to improve the situation?

For each section relating to a particular form of mobility - pedestrians, car users, public transport users and cyclists - the topics covered include the following: comfort and security; accessibility; independence/autonomy/mobility and social participation/education. No statements were made pertaining to leisure and hence this category is omitted. Therefore, the statements made for each mode of transport are categorised according to those headings. Each form of transportation is dealt with in detail.
**Pedestrian**

**Comfort and security**

Eight statements were made at the focus groups regarding the comfort and security of pedestrians. Some of these referred to the insufficient number of places available to cross the road safely in the city as well as the insufficient green times at pedestrianised crossings. Some motorists even ignore the orange flashing light at controlled pedestrian crossings that prompts them to stop to allow pedestrians to cross. One participant stated that they often do not cross the road until it is very quiet. It was suggested that there could be a controlled pedestrian crossing where the time left until the lights turn green would be displayed. There should also be better locations for traffic lights and zebra/pedestrian crossings in the city centre. The enormous amount of road works that are currently taking place in Cork was highlighted as a particular disruption to pedestrian mobility. Similarly, older adults were worried about falling and injuring themselves in areas where the paving slabs on footpaths have become loose and are uneven.

Seven statements were made during the in-depth interviews. These included: broken pavements; bad footpaths; lack of pedestrian crossings and a fear of walking around the city in case personal belongings are stolen. To improve the comfort and security of pedestrians, improved pavements and more automated pedestrian crossings are needed.

**Accessibility**

Six statements were made at the focus groups relating to pedestrian accessibility in Cork city. These referred to: the lack of maintenance of footpaths; the bad road surfacing as well as the numerous potholes that are encountered on the roads. One participant mentioned that they cannot walk around the city centre because it is too great a distance to cover without any resting space. It was also mentioned that, at present, the conditions for walking are extremely bad due to the road works that are taking place. These works, however, will lead to the pedestrianisation of the entire city centre which will be a welcome development for older adults.

Three statements from in-depth interviews referred to the difficulties of walking up steep hills if overweight or walking long distances from car parks into the city. The fact that many areas are not lit up as well as they should be causes many places to be inaccessible to older adults.

**Independence/autonomy/mobility**

Two statements were made in this category. It was observed that to improve the independence, autonomy and mobility of pedestrians, the road surfaces in the city centre need improving and that the broken flagstones on the pavements/footpaths make it very difficult for older adults to walk on. The same two points were made during the in-depth interviews.

**Car users**

**Independence/autonomy/mobility**

Fifteen statements were made in this category. Limitations on independence and mobility for car drivers included: the lack of courtesy of other motorists in not abiding by the rules of the roads; unlit roads in the countryside; night-time driving in rural areas; lack of road signs;
high insurance costs and bad road conditions in general. In the city centre, limitations extended to a fear of being clamped, a fear of pedestrians walking out in front of a car and a fear of not being able to negotiate high rise car parks. It was pointed out that there are no incentives to encourage older people to continue driving for longer. It was suggested that there could be automatic cars which would be easier to manage as many older adults stop driving due to physical problems such as hip or knee injuries. One participant summed up the situation by saying that “I miss the driving. It takes away your independence.”

Three statements were made during the in-depth interviews which could improve the mobility conditions of car users: extending disabled parking spaces to older adults; bolting road signs securely so that they cannot be moved and providing older people with information about driving such as how to drive around a round-a-bout in the correct manner.

Comfort and security

Thirteen statements were made in the focus groups concerning the comfort and security of older drivers. Impediments to their comfort included: other motorists who drive too fast; blow their horns at older people; pass older people out because they are driving slowly or do not stop at traffic lights. Many older drivers also find certain roundabouts difficult to negotiate. This coupled with a general lack of signs makes many older people uncomfortable driving. Some participants also stated they found it difficult driving during the night when it is dark. Regarding the NCT (National Car Test), which was introduced on January 4th 2000, some people felt that there is an unwillingness on the part of car manufacturers to bring cars up to scratch. Ireland is one of the last countries to comply with the EU Directive which makes car testing compulsory in EU member states and is aimed primarily at improving road safety and enhancing environmental protection.

Despite the complaints, one participant mentioned that they found younger people to be very considerate drivers and this certainly enhanced their feeling of comfort when driving, thus emphasising that an individual’s own personal experience affects their level of perceived comfort and security.

Four statements were made during the in-depth interviews. While one participant felt that other motorists are helpful, another felt that they are “stubborn and dogmatic” and this belief caused her to avoid driving within the city centre. The difficulty of negotiating round-a-bouts and the lack of road signs further impede comfortable driving.

Accessibility

Ten statements were made in this category at the focus groups. In terms of the city centre, reference was made to: the lack of parking spaces; too much traffic (which older people stated that they found off-putting); clamping and the bad driving conditions due to the road works which are disrupting many parts of the city. For those individuals who live in the city, they often cannot park their cars outside their own homes because other drivers block their way. This results in many older people having to park their car some distance from their homes. A further limitation on accessibility is cost. It was highlighted that driving is very expensive for older people who have to renew their licence once a year in addition to undergoing an annual medical test.

Six statements from the in-depth interviews referred to the inaccessibility of the city centre to older motorists. Three participants mentioned the lack of parking. The expense of car parks and the state of the roads with all the potholes were mentioned. To increase accessibility, special parking facilities for older adults was suggested.
Social participation/education

Three statements were made regarding education for older drivers. It was highlighted that older drivers must take the test on a yearly basis and therefore they should receive further training for this. One person was in agreement with taking the test every year.

Other

Three other statements were made that could not be categorised according to the headings above. One person stated that there was no advantage to driving as an older adult. This statement was presumably related with free travel pass entitlement. There are many physical difficulties that prevent older adults from driving, arthritis being the most common one mentioned. However, if an older person is capable of driving, it was felt that they should be allowed to do so “if the heart can keep up to it” as one participant stated.

Public transport users

Accessibility

Forty-nine statements were made regarding the accessibility of public transport. Most of these related to either bus or taxi services. Factors which enhance accessibility included the free travel pass as well as the companion pass entitlement and the new retractable platforms on buses. The new orbital routes were also mentioned as greatly increasing the accessibility of certain services, especially the hospitals. Limitations on accessibility included: the time restrictions when using the travel pass; the high steps onto the bus; bus drivers who do not use the retractable platform; inconsiderate parking of motorists at bus stops which prevents the bus being able to stop as close to the kerb as possible; irregular time of buses and the distances to bus stops. The main limitation mentioned for taxis was their high cost. For train travel, accessibility problems included: the large gap between the train and the platform in Cork train station; the distance between the platforms in the train station (this is especially difficult if one has luggage); the many steps down to the train station; the lack of synchronisation between bus and train times; the lack of train services to remote areas; the very steep incline at a particular rural train station; the lack of a bus service between Cork bus and railway stations.

To improve access to public transport, the following suggestions were made: the provision of extra buses and bus stops; an increase in the use of bike lanes so that buses would not have to be delayed in traffic; the provision of special buses for older adults; the use of private buses; permission to use the travel pass on private coaches; cheaper taxis for older people; shuttle buses in rural areas and the possible use of school buses for older adults during the summer months when children are on holidays. It was mentioned that the free travel pass should be extended to those over 60 years of age not 66.

Fifteen statements were made during the in-depth interviews. On the positive side, the free travel pass, regularity and wheelchair accessibility of buses and living near to a bus route were mentioned as enhancing the convenient public transport. On the other hand, the following limitations were noted: difficulties boarding a bus or train due to the high steps; the gap between the train and the platform; buses which are full before they reach all bus stops and the restrictions with the travel pass. One participant from a rural area stated that the bus does not pick passengers up from the side of the road and it is necessary to go to the nearest town to catch the bus.
Comfort and security

Thirty-three statements were made concerning the comfort and security of public transport users. Impediments mentioned were: aggressive and unhelpful bus/taxi drivers; dangerous flip-up seats in buses; difficulties in getting shopping bags onto buses; the narrow entrance and seats on country coaches; the large gap between the train and the platform; queues for buses; lack of bus shelters; bus shelters that are not effective, i.e. a person can still get wet in the rain; lack of rest stops on long bus journeys; the pushing and shoving when getting onto the bus; the lack of names on buses which confuses people as to their destination; the lack of availability of someone to help bring an older person to another platform when changing trains and finally, the failure of buses to pull into the kerb as the older person is alighting from it. It was mentioned that some bus drivers refuse to accept the travel pass while others embarrass those who have it by making unnecessary comments. A further security fear mentioned was the fact that the travel pass contains an older person’s name and address so, if it is lost, this information is readily available. Some older people stated that they would be afraid to travel alone in a taxi.

Regarding train travel, it was stated that the main Cork-Dublin train is often very overcrowded and one has to queue very early just to get a seat. In addition, younger people nowadays rarely offer up their seat to an older person. On the other hand, some enhancements to the comfort and security of older people included: helpful and considerate bus/taxi drivers and the new city buses which have a lot more room on them.

A further nine statements were made during the in-depth interviews. Impediments to the comfort and security of public transport users included: the weather; waiting times for buses; irregular timing of buses; carrying luggage onto a bus or train and a security fear of getting a bus at night time. Enhancements mentioned were: helpful bus drivers; the park and ride facility, the seating at the bus shelters in the city and courteous younger people who give up their seats to older adults.

Independence/autonomy/mobility

Twenty-four statements were made in this category. The free public travel pass greatly enhances the independence, autonomy and mobility of older adults in this country. There is a good recognition of the bus pass by employees. The fact that the spouse of a person who has a travel pass is automatically entitled to this pass, if the person dies, is an enhancement of their independence. The new orbital routes to the biggest hospital in Cork greatly enhance the independence of older people who would otherwise be reliant on taxis or family and friends for a lift. Many older people stated that they did not mind having to pay for public transport at peak times as the pass was otherwise a great advantage to mobility. Helpful staff was also mentioned.

Limitations on independence, autonomy and mobility included: irregular bus times; distance to bus stops; crowded bus stops; other people skipping queues at bus stops; the scrutiny of the travel pass by bus drivers; lack of special seating on trains for those with disabilities and the necessity of requesting a ramp in advance of getting onto the train if disabled.

To improve the situation, two simple suggestions were made at the focus groups. One was to place a bus time-table at the shelters so people could see at a glance when the next bus would arrive. The second suggestion was that bus-drivers could call out the name of the next stop to passengers so people who were not familiar with an area would know where to exit.

Eighteen statements were made during the in-depth interviews. Similar to the focus groups, the following were highlighted as affecting the mobility of older people who rely on public
SIZE Deliverables D5 & D6

transport: infrequent buses; inaccurate time-tables; distance between bus stops; irregular bus services; lack of toilet facilities; travel pass restrictions and inconsiderate drivers. One participant from a rural area was confined to a wheelchair and was reliant on taxis as she is unable to drive her wheelchair onto the local buses. She highlighted the expense of having to rely on taxis for transport and felt that the free travel should extend to taxis. Another person stated that a special bus for older adults should be provided and the free travel should include the park and ride facilities.

Social participation/education

Only one statement was made in this category. The free travel pass makes a difference to the social participation of older people. As one participant sated, they “couldn't afford to be going out every weekend without it”.

Other aspects

Four statements were made that referred to other aspects of public transport. Having to have cash ready for bus drivers if the individual was travelling outside the free travel times was found annoying by some older adults. The problem of people abusing the free pass was also mentioned. This happens when individuals use the pass to buy train or bus tickets claiming that they are purchasing them on behalf of their parent or grandparent. It was stated that there is no other organisation (excluding private coach operators) that provide transport in small communities. It was suggested that a survey could be conducted to see if there would be a demand for a local bus if one was supplied.

During the in-depth interviews, one participant mentioned that he received the free travel pass before he was 66 years of age because of his invalid status.

Cyclists

Only two statements were made about cyclists during the focus groups. These related to the lack of cycle lanes and encounters with aggressive motorists when cycling.

Three statements relating to cycling were made during the in-depth interviews. These were that: the edge of roads are very bad for cyclists; large trucks are unable to see cyclists and that some cycle lanes end abruptly.

General

Seventeen statements were made that related to the general mobility conditions of older adults as opposed to a specific form of transportation. Participants at the focus groups stated that older people should have a voice to express their concerns regarding transport and mobility. Home-helps were mentioned as greatly enhancing the mobility of some older adults as they often bring them shopping or on day trips. If a person is housebound, the home-help can collect the pension for the older adult. Unfortunately, home-help is being cut back because of a lack of funding which means that many older adults will be limited in their mobility. It was further stated that there is a general lack of information available relating to the services/entitlements of older people. Local post-offices are a good way of dispensing such information to the older population regarding their various travel entitlements. Health was a further issue discussed. Many older people mentioned problems with arthritis. One participant stated that “something to take us up and down the stairs” would greatly enhance their mobility. It was believed that general improvements in health would impact overall quality of life. Finally, it was stated by one participant that “we are lucky, we can get out”.
During the in-depth interviews, 12 statements were made that referred to the general mobility conditions of older adults. Health limitations such as bad joints, arthritis or any illness were highlighted as affecting mobility. In relation to this, taking light exercise every day was suggested by one participant. Another felt that more publicity was needed to promote exercise among older adults and that there should be more physical education instructors attached to community centres. Accessibility to many public facilities, such as libraries, was mentioned by four participants.

**Other comments**

Three statements were made that could only be classified as other. It was pointed out that in rural areas, there are very few local shops left which means that older people are forced to go to the larger supermarkets where they often find it difficult to carry shopping bags around with them. An example was given of one particular shopping centre in Cork where carts are available for older people into which they can sit and drive around the supermarket. This is a novel idea and greatly aids the mobility of older people. Unfortunately, it does not solve the problem of having to carry shopping bags on the bus.

Nine other statements were made during the in-depth interviews. Some suggestions to improve the mobility conditions of older people included the provision of community buses or buses for older adult residents only. One participant confined to a wheelchair believed that older people should be supplied with automated wheelchairs if they are immobile although she highlighted that many older adults do not have the co-ordination to operate them. An interesting point made by another participant was related to the lack of availability of physiotherapists to work with older adults who have suffered a stroke. She stated that older stroke victims are not receiving sufficient after-care treatment and this affects their subsequent mobility.

**Reasons that prevent implementations from working**

In answer to the fifth question of the focus group, what prevents measures that are considered useful from being implemented, thirty statements were made during the focus groups and 27 in the in-depth interviews. Two statements related to the lack of training of bus drivers regarding the needs of older adults as well as the lack of facilities for bus drivers which results in them taking their frustrations out on customers.

Older adults were of the opinion that they “lack a voice” and that they often “do not speak up enough for themselves”. Perhaps there is an element of self-discrimination among older people in that they believe that they do not have the lobbying power as they “are not listened to”. It was also stated that there is a lack of consultation between various organisations and service providers with older adults. This feeling of not being listened to was also mentioned in one statement from the in-depth interviews.

“Cost”, “lack of resources” and “lack of money” were highlighted as the main reasons for a lack of enforcement of policies. A further reason stated was that the Government is “all talk but no action”. Twelve of the 19 in-depth interview participants mentioned financial constraints.

Lack of foresight by authorities, lack of thought, and unnecessary red tape were mentioned during the in-depth interviews. It was felt that decision making authorities are not concerned with the needs of older adults and that all sorts of plans and promises are made but are rarely implemented. One older participant believed that older adults have put a lot into the economy but do not receive a fair return from the government.
Seventeen statements from the focus groups were made that could not be categorised under any specific heading. It was suggested that older people should be allowed to use their travel pass on private buses in local communities. However, it was believed that local buses are not properly supported. Paying in advance would ensure that there was a demand for a private bus and that it would not be wasted if provided. It was stated that people in rural areas are unlucky and that they “age before their time” because of the lack of transport available. Those older adults who lived within the city or in the city suburbs felt that they were very lucky to be living near shops and other facilities. It was said that it “it is a very long day when you can’t get out” and this seems particularly relevant to those living in isolated areas. Some of the older adults at the focus groups were involved with some organisation or community group. These people felt that such groups were very beneficial and that it “keeps your mind occupied”.

Health or physical difficulties were alluded to, especially arthritis. One participant sadly stated that they were “afraid to think of the future - what will I be like with the arthritis”. Those who suffer from this complaint informed the group that if they stay in bed for too long, the condition deteriorates and that they also cannot sit down for long periods of time. Other people stated that they were thankful to be able to get out and about and that things could certainly be worse for them. A person’s mobility was seen to be related to an individual’s attitude. For example, one participant stated that they “can’t stick the bed, I prefer to be out of the bed, up early”.

Other factors which were considered to affect an older person’s mobility were that food was different and people had more children years ago.

CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION-MAKING OR POLICY MAKING

There was a considerable amount of agreement between the experts and the older adults in relation to the urban/rural divide in the accessibility of public transport. Lack of buses was a feature in rural areas. There were areas that had only a weekly service. This added to the further isolation of these people.

Evidence of the physical limitations which limit mobility in old age was obtained from the focus groups with older adults. They reported a variety of difficulties relating to sight, bones and reaction times.

Public transport was the most common method of transport for those older adults who participated in the focus groups. This is not surprising given that 28 of the 31 older adult participants were urban dwelling. The bus pass allowed these older adults free access to the city centre.

The lack of public transport in rural areas was apparent. Creative suggestions included the availability of a community bus.

Evidence for difficulties encountered by older adults with respect to their freedom of mobility included personal (e.g. lack of courtesy by other motorists) and environmental (e.g. lack of road signs) elements. There was division of opinion in the focus groups as to whether annual renewal of driving licence including a medical check-up was discriminatory. The experts were more aware of the discriminatory dimensions while the older adults were divided as to whether or not it was beneficial.

This research is the first of its kind that considers quality of life and mobility from a psychological viewpoint in Ireland. One of the original aspects of the present research is the
importance attached to the free-travel pass in Ireland - the only European country to have such a service provision. Such access allows independence and autonomy at a time when physical deterioration can begin to appear. Its use enhances social support. Furthermore, access to family members who live in other parts of the country becomes possible at minimal cost. This can provide variety and the further enhancement of family closeness. It also serves as an opportunity for outings for older adults living on their own thus preventing social isolation and loneliness. The travel pass also ensures that there is no need for older adults to drive into the city centre. In fact, the structuring of their daily lives seemed to centre around the benefits which the travel pass ensured.

There was considerable awareness by the experts of the needs of older adults. Since the expert groups were made up of representatives of older adult organisations and other groups involved in traffic and planning issues, it would be interesting to know whether this awareness reflected the total group, the older adult organisations in the group or the traffic and planning representatives. This can be ascertained in future analysis of the data.

An unexpected feature of the study was the diversity of factors that hindered the comfort and security of older adults in relation to public transport. A frequently mentioned difficulty reported by all groups was the large gap between the trains and the platform and between buses and the ground. This was a particular difficulty in relation to older buses. However, new regulations require that all buses have retractable flooring for ease of access to buses, which benefits wheelchair users among others. However, no such regulation exists in relation to trains.

Structural dimensions of the environment contained specific mobility problems for older adults. Most of these occurred in the designated areas for bus stops and included lack of bus shelters, lack of or slanting seats at bus shelters, queues and waits for buses.

Implications of data for decision-making or policy-making

It would appear that the introduction of a free-travel pass throughout EU countries would be a desirable development. Given that Bus Eireann received only 20% funding from the Government whereas all other bus companies in Europe obtain 50%, this should be easily achievable.

In Ireland, the consultation of older adult organisations with respect to traffic design and overall development plans by planning departments in government and local authorities would be helpful.

The experts felt strongly that there was a lack of consultation with older adults particularly in relation to information transfer between the major players, namely planners, service providers and older adults.

Several suggestions were made by the older adults which could assist in the overall quality of life of older adults. These included a complaints board, an information facility and representation of older adults on urban planning boards.

Mobility of older adults is a particular problem in rural areas due to the migration of younger people. Local communities have the capability of dealing with this problem if they view the older residents as part of their responsibility. Some initiatives have occurred such as monthly senior citizen parties and annual outings, both of which enrich quality of life of older adults. However, day care centres exist in some rural areas but these tend to be located in the towns and villages. Given the involvement of people with each other in the more rural areas, all that may be needed is a structuring of this goodwill to match the needs of older adults. What is lacking is the matching of voluntary initiatives with the reported needs of older adults themselves. Although other studies have asked older adults about their views relating
to emotional matters, the present study is the first that has explored the views of older adults themselves about their mobility.

Home helps emerged as providing not only practical but also social enhancement to the life of older adults. Practical enhancement included enabling older adults to collect pensions while social initiatives consisted of day trips and shopping expeditions. A home help is only provided to older adults living on their own. Hence, bereaved spouses/partners experience the assistance of home helps for the first time on the occasion of their bereavement. It may be the most frequent and consistent contact that the older person has in their daily lives. It is a matter of urgency that the pivotal role of home helps is recognised and acknowledged at governmental level in Ireland. Cut-backs have occurred in the number of hours allocated to home helps to which older people living on their own are entitled. One of the key contributions of home helps is the amount of social and emotional support they provide to older adults in their care.

It should be possible for bus companies to provide bus shelters and appropriate seating at all bus stops on a phased basis.

The findings point to the need for awareness raising advertisements on national television which illustrate the lack of courtesy towards older adults in the environment.

**Recommendations for future research**

The present study points to the need for two different types of expert focus groups be used in future studies, namely experts from older-adults organisations and experts from traffic and planning groups in ascertaining if differences exist in their perceptions of the needs of older adults. Focus-Groups also need to be conducted with older adults in rural areas to build on the finding that lack of buses was a feature in this environment and that the voices of older people need to be heard in the planning which affects them. Further suggestions could be obtained in these groups as to the present availability, operation and financing of a community bus.

Both confirmatory and exploratory research needs to be conducted which will further enhance our knowledge of the psychological value of the free travel pass.
ITALY [PARTNER 05]

Università degli studi di roma tre dipsa - dipartimento di progettazione e studio dell’architettura: Research Coordinator: Prof. Arch. Lucia Martincigh
Researchers: Prof. Lucia Martincigh, arch. Massimiliano Minarelli, dr Barbara Summo, arch. Roberta Romano, dr Mariantonia Angiò

EXPERTS – MAIN FINDINGS

What do you think about the elderly citizens’ mobility conditions today? How do senior citizens cope with the present mobility situation?

Firstly we want to underline that often, at the beginning of the FGI sessions, it was necessary to explain some issues of the research. In particular the participants asked the moderator to explain the reasons of the age-range choice: over 65. She stated that the choice reflects an international conventional choice: this is the range fixed by the WHO to define elderly persons; therefore, taking into consideration the same range, it improves the possibility to compare the results with findings of other countries and researches. We think that this attention to the premise of the research testifies the real interest towards the problem and its clear definition.

During the interview sessions, a necessity emerged from some experts to review the preconceived idea that elderly are only vulnerable users, who suffer passively the consequences of political, social and economic choices; while, instead, it is important to underline that in some Italian town municipalities the elderly are perceived as a resource for society, also within the context of the mobility problems. The basic philosophy provides the “third age” as a resource that must be taken into account, and appreciated, not thought as a pathology but as an opportunity for the whole social community. Since 2000, a lot of elderly, for instance in Rome Municipality, are the main actors of a network of civic voluntary workers, who are employed in the parks and in front of the schools in order to guarantee greater safety for children and families. Thus, it is necessary to define the actual state of the elderly taking into consideration that ageing implies different consequences: the increase of needs, of physical and psychological pathologies, but also the time availability that could be dedicated to the others and to the society. Moreover, this last aspect may be used as an element of prevention of the problems related to ageing. In fact, giving the possibilities to the elderly to employ themselves in social projects surely increases their motivation to perceive themselves as an active part of society. This perception drives them to go out, by creating a strong motivation to be a guarantee for the future of society itself.

The first problem the experts pointed out concerns the daily matters: in fact, the seniors want to move all over the city, mostly because of their daily needs, but they have fear of aggressions, of very crowded public means of transport and of the uncertainty of what could happen. Often they are afraid of possible difficulties related to infrastructure conditions (bad conditions of sidewalks, crossings and pedestrian ways). Their fears are strictly related to daily trips to reach the supermarket, the doctor or the pharmacy. In the large cities of Italy, where the most important problems of mobility in general can be found, in particularly for the elderly, they often abdicate to go out and to move. The bravest learn to live with the uneasiness and the obstacles, but they often perceive the environment out of their houses.
as being hostile. Fears are increased also by perceptions related to their own physical weakness.

Elderly people have physiological and psychological limitations. The former are related to old age: experts mention difficulties of the mobility of the limbs, limitations of sight, respiratory problems. The latter are related to their fears. Of all these reasons they are often inclined not to go out.

We can resume the obstacles described by the experts with the following list:

- crowded public means of transport, poor public transport service, long distance to facilities, bad conditions of pedestrian ways and sidewalks, lack of public lighting, lack of information of the various possibilities and alternatives of paths

The Municipality of Rome has developed a Social Plan to resolve the most urgent problems and to improve the domiciliary service for elderly with problems that compromise their autonomy as far as it depends on mobility.

A difference between men and women has been underlined by some experts; they say that it is more probable that women over 65 modify their mobility habits, mainly by reducing them, while men over 65 years want to move all over the city, often not being aware of their physical limitations due to age. In particular the reduced faculty of sight is the main reason of road accidents, especially in the areas where you can find often fog and mist.

**What enhances the mobility of senior citizens?**

According to the experts’ opinions, the elderly mobility may be promoted by creating areas dedicated to activities of socialising, like games or cultural activities. In general, when there is a complex and customer oriented planning, it will be possible to promote the development of efficient social support networks.

The experts stated that the elderly mobility could be promoted by planning routes dedicated to the users with a low speed, and planning the location of services that are easily accessible in each district. Also the public transport system has to be reorganised in order to become reliable and efficient system for elderly users. It is very important to reduce waiting time at the bus stops and to give information about the waiting time, the connections and the location of the intermodal exchange points, etc.

Another proposal concerns the creation of a quality map of the itineraries taking into account positive and critical elements, both during the planning and monitoring phase.

According to the experts’ opinion the persons are persons proud of their own autonomy, who want to move around, but who are often forced to do this in an environment planned for high speed moving, and this makes it a dangerous environment for elderly.

In fact, cities are planned according to the working people’s needs and focusing on the problems connected rush-hour traffic, and forgetting that people over 65 want to move at any time. According to this philosophy, pedestrian spaces should be planned before car parking, should contain green areas, be comfortable, well lit and well furnished.

**What limits the mobility of senior citizens?**

In the expert interviews several elements have been indicated that constitute obstacles to the elderly mobility, but we have to state that these are obstacles for everybody, above all for those who move mainly on foot.

The following items show the main issues that emerged during the interviews: lack of sidewalks, bad maintenance of sidewalk paving, sidewalks invasion with rubbish skips and
car parking, lack of ramps, entrance of public offices with staircases, numerosness and
duration of road works in progress, bad lighting, safety lacks perceived by the elderly, poor
functioning of public transport system, lack of zebra-crossings, and so on.

**Which measures are necessary to improve the situation?**

Firstly, we have to report the pressing request from the associations’ representatives, to give
an active collaboration to the political class, for instance through audits or joint working
groups. The participants in these groups should be, above all, the representatives of the, so-
called, vulnerable users.

In all the interviews, a lot of suggestions emerged, mostly technical ones. They could be
implemented for improving the mobility conditions of all road users, and particularly, of the
elderly ones.

We tried to resume them in the following list:

- more information on the public transport system,
- reducing the pedestrian crossings’ length,
- traffic lights’ times compatible with the demand of slow users,
- increasing reserved lanes for busses,
- promoting the call-transport services,
- promoting the service of car-sharing,
- avoiding too many stairs and steps, etc.

Another proposal concerns implementing a plan for the information dissemination (i.e., a
project for accompanying the elderly, promoted by Rome Municipality). In fact, it is an
urgent matter making the information related to initiatives and projects that concern the
improvement of the elderly people’s mobility more accessible and comprehensible. Such
demand is, obviously, more pressing in the suburbs of big cities, than in small cities.

Furthermore, another interesting proposal concerns the creation of a checklist of structural
and functional standards for those spaces that must be dedicated to pedestrian traffic. These
standards should form useful frames for the planning phase, which can be helpful to
establish certain criteria for monitoring and evaluating the pedestrian runs.

Such parameters could define a framework to verify the quality of the environment.

**What prevents measures that are considered useful from being implemented?**

A lot of reasons have been reported for justifying the lack of implementation of possible
solutions.

Some explanations concern the inadequacy of the legal system. In particular, we can look at
the law that regulates public tenders: even if there is a bus with good characteristics
(comfort, accessibility, etc.), it is not possible to announce a competition that foresees, in the
technical area, elements produced by less than three producers in Europe. In short, you
cannot buy anything without guaranteeing “fair” competition.

According to the experts, it is necessary to spread the criteria for planning spaces reserved
to pedestrians; it could be useful, for example, linking historical-artistic itineraries and daily
life ones (pharmacy, market, etc.). Making obligatory the respect of a list of standards could guarantee high quality pedestrian ways, these ways should satisfy the elderly needs.

At the political level, some experts reported the extemporaneous character of some initiatives for the design of open spaces. They wanted to point out the lack of a systematic approach and a long term and structured design, in particular for elderly pedestrian users. This does not only make the devices existing on the territory fragmentary, but also defeats just the purpose of the intervention itself. An example can be the cycle paths that do not allow a satisfying functional use for the daily matters if they are not part of an integer network.

On the other hand, the elderly people not only need to be able to move easily, but also to have a motivation to go out. Such motivation does not solely concern daily matters, but it must be enriched by cultural initiatives that facilitate aggregation, prevent isolation, and what comes from being and feeling alone.

At the cultural level, the imposition of the commercial images, promoting the “winning” and the "fast" man, is evident. Some experts have underlined the necessity to intervene on the social plan with campaigns of education in order to enhance the respect of all road users, not least of the slowest and weakest ones.

At another level are all the problems related to the difficulty of disseminating the information concerning projects and initiatives for the elderly in a widespread way in the population.

SENIORS – MAIN FINDINGS

What do you think about the elderly citizens’ mobility conditions today? How do senior citizens cope with the present mobility situation?

The interviewed elderly have very clearly defined their motivation to go out. They are obliged to go out above all due to daily needs: to do the shopping, to go to the bank, to the post office, to the pharmacy or to the doctor; and then in order to carry out journeys that we could call "extraordinary": to meet friends and relatives, to go to the cemetery, to go to the hospital. It becomes clear that the kind of journeys that we refer to defines the problems.

For the journeys that we could define as “ordinary”, the old persons frequently chose to move on foot or to use the public transport means; in contrast to this, for the second type of journeys they chose their car or look for help by their children.

It is important to point out the great difference, that could be easily supposed a priori, which characterises the problems by the elderly coming from different zones. In particular, those who live in rural areas argued not to have many troubles related to mobility, except when dealing with the possibility of going to the cities nearby. In this case, the lack of an efficient public transport system has been pointed out, even if a marked necessity of this kind of journeys does not exist. Those in need of this possibility of moving are those who have children who have moved to big cities.

On the other hand a strong demand of intervention has risen among those who live in the suburban areas of big cities. In fact, in this case, the elderly denounce difficulties both in daily-life short trips and in longer and more occasional journeys.

From a more careful analysis of the emotional aspects expressed by the elderly, we can state that in all the interviewees we can find a sense of fear that they express thinking of the
possibility of thefts and bag-snatchings. This fear is not due to the economic damage, but above all to their fear to fall, to have physical damages and to lose something with a high symbolic/affective value. Also in this case we think it is important to underline that the expressions of this kind of fears are different according to the area the interviewees live in. The worries and the fears are surely strong for the inhabitants of big cities suburbs, on one side because of the degradation that often characterises these areas and that more easily is related to delinquency, on the other hand because of a higher exposure to the effective risk we can impute such higher exposure both to the necessity of walking longer routes for their daily needs because of the distance, of the lack of services, and for the long time spent waiting at the bus stops.

Another important element concerns the necessity, much felt by the interviews, to sensitise young people to respect the elderly and their needs. This aspect also implicates the respect of elderly’s speed and of their difficulties coping with obstacles like steps, slippery floors, curbs, etc.

Moreover, we have to underline that to this first question, we have received the same type of answer in almost all the interviews: the most frequently used means for elderly mobility is their own strength and courage! And this aspect belongs to an emotional dimension that has characterised the greatest part of our interviews with the elderly.

**What enhances the mobility of senior citizens?**

From the analysis of the database, we can state that the elderly move mainly on foot and, as a second choice, by public transport. The use of private cars applies mainly to those old males who have always been using it, and who will give it up only with very much difficulty. Nevertheless, it is important to see that during the interviews it often became apparent that a difficulty in maintaining their private car has emerged because of the high costs of insurance, of gasoline, and of ordinary upkeep.

Thus, we can state that, according to the way the interviewees see things, the causes limiting the mobility of the elderly are both the difficulties in using public transport (structural/physical and logistical difficulties), the fear to be attacked when being out on foot, and cost-aspects when the private car is concerned.

Then, if stimulated by questions on purpose, the elderly have listed all the obstacles that from a structural point of view make their routes difficult: the lack of easily recognisable pedestrian networks, clean, comfortable and meeting their exigencies; the lack of resting areas, too short green-phases of traffic lights that are poorly adapted to their speed of movement; difficulty to enter public offices with high steps. The difficulties that are present in the cities reduce the possibility to use the bicycle; elderly who use the bicycle are practically absent in our sample.

Also for those people who use the private car, the problems concern in general the difficulty to recognise, and quickly react to the, environmental stimuli. The general speed of the urban traffic intimidates indeed the elderly who drive and who have to face situations which ask for a very short reaction time. The planning of the urban mobility does not in fact consider the abilities of people over 65.

**What limits the mobility of senior citizens?**

According to the elderly’s opinion, the possibility of being accompanied or of moving in places where they feel safe and secure because patrolled, or going with friends or relatives for daily matters facilitates their mobility and gives them a strong motivation to go out. Furthermore, attending social centres, staying with friends and taking care of the
grandchildren are the best incentives to cope with their fears. From a technical point of view, the elderly think that tax facilities and clear information for the public transport system are useful. In fact the elderly use media (TV, internet, etc.) to find information about that and the possibilities of intermodality in their paths. One of the most appreciable projects in the City of Rome is the project of accompanying service:

The elderly are not only transferred to the target site, for example a public office location, but they are also accompanied inside the buildings and assisted in finding the exact bureau, and in reading the information that often is not appropriate for their sight capacities.

**Which measures are necessary to improve the situation?**

There are different projects thought to favour elderly needs, but they are not considered relevant by the elderly common thought if not aimed to guarantee a greater safety in their every-day environment and to improve the quality of the public transport system. Projects have to be more responding to their needs and designed on the base of their physical and cognitive abilities. Moreover we can state that most of the elderly have expressed the necessity to create more spaces, designed according to the demands of the target user, for meeting and socialisation, and not only quickly arranged places.

They also underline the need of interventions in the public transport system that enhance accessibility. This late aspect is often neglected also in the central areas of cities where, however, a smaller number of problems is noticed.

**What prevents measures that are considered useful from being implemented?**

There are different existing projects thought to favourite elderly needs, but they are not considered relevant by the elderly if not aimed to guarantee a greater safety in one’s everyday environment and to improve the quality of the public transport system. Public transport has to be more responding to their needs and designed on the base of their physique and cognitive abilities. Moreover we can state that most of the elderly have expressed the necessity to create more spaces, designed according to the demands of the target user, for meeting and socialisation.

They also consider as most important to improve accessibility of the public transport system. Expert seem to some degree to neglect, or to ignore these aspects and, consequently, to underestimate the importance of such implementations. This is certainly one reason why certain implementations do not take place.

**CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION- AND POLICY MAKERS**

**What was known and then confirmed or challenged by the Focus-Group and individual interview data?**

The experts’ answers in the frame of the in-depth interviews are the same as those given in the Focus-Groups. All experts have, sometimes strongly, confirmed their positions already expressed.
What has emerged after the in-depth interviews is that an open discussion with other experts is stimulating for defining problems and proposing solutions. The representatives of users associations have confirmed their enthusiasm in promoting their ideas. They have sometimes really looked for the in-depth interviews. They were very interested to divulge their operations in the field and to collect more information about the topic of SIZE. Many of them have asked for the report of the Focus-Group Interviews and generally for the results of the research.

It is important, however, to mark that some experts, even if involved in related aspects of the research subject, have NOT shown much interest in the in-depth interviews. Particularly politicians have tried to avoid the personal focus on the topics treated, even if we have spent a lot of time to contact and to invite them both to the Focus-Group interviews and to the in-depth interviews.

In the SIZE State-of-the-Art report we pointed out in particular the technical aspects related with mobility problems. We found that most of the results reported in literature are technical ones, while when we asked the elderly to express their desires and to imagine possible solutions to their problems, we can state that no solutions were defined, and we can report a general passive attitude to react to this kind of stimulus. The elderly have in a certain way resigned to accept the environmental conditions, obviously thinking that to change things is out of their control and their power.

What was suspected and then confirmed or challenged by the Focus-Group and individual interview data?

From our literature research we have noticed a general bad opinion about the mobility conditions for the elderly, and we can confirm the same trend when looking at the report of the FGI sessions, while it is important to underline that we have received some particular, and surprising data. In fact, the elderly participating in the FGIs expressed their needs and, sometimes, their resentment toward politicians and decision-makers. This contradicts what was said above: That the elderly are somewhat reluctant to express their desires and demands for solutions. Probably this result could be explained by the theoretical framework of a cognitive model. From the theory of “cognitive dissonance”, we know that subjects avoid to judge too negatively the situations they live in, because this would cause dissonance and “unhappiness” every day.

However, in general the answers that we have received reflect the fact that everybody – with more or less optimism - hopes for a change of the actual trend of elderly policies at all levels: social, technical, decisional, and effective. In the Focus-Groups the experts have proposed solutions and suggestions also in response to the problems defined by other participants of the FGI, whilst in the in-depth interviews they have answered keeping more to the problems related to their personal experiences.

What was new that was not previously suspected?

There was only one politician, District Town councillor, who in spite of his position has been very helpful. Some other participants with a technical background, planners and designers, seemed to have resigned to working conditions that are characterised by difficulties and contrasts, due to the lack of tough at the decisional level and due to a lack of assertiveness at the users’ level. This can explain a certain feebleness in supporting their opinions in the in-depth interviews.
Implications of Data for Decision- and Policy–Making

The collected data deal with the suggestion of changing the trend for Decision–Making. What appears from this first step of analysis is that the SIZE topic is not considered independently in the Italian framework. There are many associations, many aspects and changes of public opinion but they do not focus on the general problems in a comprehensive way. Only from time to time does the importance of the topic become clear in the public discussion. However, the need of an appropriate approach is required to solve the problems, in particular those connected to mobility. Therefore, more attention to the elderly’s problems in connection with transport and mobility is required at all levels.

The change of trend must include all levels of the process from the decision to the execution, also by adapting the formation/education of architects and engineers who are in control of mobility-system planning, in order to allow the development of an appropriate attention to the problem.
SWEDEN [PARTNER 06]

Lund University, Lund, Sweden: Prof. Agneta Ståhl and Dr. Monica Berntman

EXPERTS – MAIN FINDINGS

What do experts think about the current elderly citizens’ mobility conditions?

According to the interviewed experts, elderly people have a fear of being outdoors in general. Traffic is planned for men, not for women, a gender perspective is often disregarded. The access to cars is low among elderly. It is very difficult for elderly to cope in traffic as an unprotected road users. The speed is far too high in traffic. The mix of different modes of transport is also difficult for elderly people. Wide streets with heavy traffic create barriers for elderly unprotected road users (as well as for children and people with disabilities). There is not time enough for elderly to cross streets (in signalised intersections). Maintenance and road design are imperfect; not planned to fit the elderly. An increase in the number of elderly demands more Special Transport Service.

What experts tell about how senior citizens cope with their current mobility situation

It is difficult for elderly to cope with the complex and fast traffic situation. The system is not safe. Nevertheless, a great majority move around. There are differences between younger elderly (65-79) and older elderly (80-) regarding individual physical capacity. Elderly people often show a graduate change in behaviour to cope with the situation; adaptation to the situation. Walking aids are very effective, such as rollators (wheeled walkers) or to move around outdoors in company with others. Elderly people have small possibilities to change between different modes of transport. They feel safer in the car than as unprotected road users. The car is very important in rural areas. More and more elderly do drive a car. Elderly people also show compensatory behaviour to a rather high degree; they do not drive during rush hours, or in the darkness; they do not walk in empty parks etc. They also try to use public transportation, even if it is not always fully accessible and well usable.

What experts tell about what enhances the mobility of senior citizens

A public health perspective is important in the planning process, also more flexibility in planning. One should employ accessibility advisors in the municipality in order to create consciousness among planners, for instance with the goal to create attractive places for spontaneous meetings. Perceived security must be regarded in the planning process.

It is important for elderly people to be able to move around on a daily basis, to create new contacts, etc. A better design of the physical environment is important, not least in order to increase the experienced safety and security among elderly. Better walking aids such as rollators (wheeled walkers) are needed to walk longer distances, to better climb curbs, etc.. It should be tried to influence elderly in their attitudes towards using walking aids, which is frequently negative (they are too proud to use such aids, etc.). At the same time, it is
necessary to increase the maintenance of pavements, paths, stairs etc. especially during winter time, to design the physical environment in such a way that it is easy to use by the elderly, and to use materials that are comfortable to walk on.

A better adaptation of the public transport system to the needs of the elderly is necessary. To allow an even more liberal view of the provision of Special Transport Service and better adaptation of public services and places are other important ingredients. Nice, conscious and educated personnel are essential mainly in public transport. Training programs for how to use public transport and personal assistance in public transport are fruitful measures on the individual side.

Driving-training programmes for elderly drivers, and special regulations and licences should be developed according to the experts. Aids in cars to increase the performance in traffic can be good solutions, i.e. information technology.

What experts tell about what limits the mobility of senior citizens

The elderly feel an overall fear for being outdoors. Empty streets and parks in the evenings are experienced as being insecure especially for elderly women. A large number of elderly is single; but of course it feels safer to be out walking in company – a problem that is difficult to solve. The traffic climate is hectic and the traffic environments in general is also dangerous and complex. Roads with heavy and fast traffic create barriers. The decentralisation of town- and traffic planning often results in long distances to services. Pedestrian roads limit the access to shops for car users and the drivers have to walk longer distances, which is a problem in those cases where the car is used because of difficulties with walking (problems with the legs etc.).

The experts are of the opinion that there is a general negligence of traffic regulations and laws among road-users nowadays. Therefore elderly people often have a feeling of lack of control and this creates anxiousness. The mix of modes of transport in the system can be dangerous for the elderly.

Low municipal grants result in uneven pavements, pot holes and in general bad winter maintenance.

The opinion that senior citizens have limited economical resources, especially women, is underlined. Public transport is often too expensive, and at the same time unreliable. The latter is also valid for Special Transport Services. Many elderly are too proud to use walking aids, as sticks, rollators and wheelchairs. Sometimes, poor individual physical conditions such as low balance and dizziness reduce the possibilities to move around in traffic freely. Moreover, orientation in traffic is not always smooth and easy: The information given in traffic is often insufficient; e.g. small figures or letters, displays at impossible positions, etc..

All the problems mentioned by the experts and summaries above may have to do with a negative attitude towards elderly in society that is prevailing according to our interviewees.

What experts tell about which measures are necessary to improve the situation

In the expert FGI and IDI they say that other priorities in the planning process are needed. The car should be favoured less, to the advantage of other modes. Moreover, a better political representation of the elderly and their interests is necessary. This could enhance a change in attitudes of all parties involved; decision makers, officials, other (younger) road users etc. A "Mobility Office" in the municipality could be a great idea with respect to this, by
Itself reflecting the necessity of dealing more intensively with aspects related to the mobility of the elderly. Decentralising service functions in society so that they are easier to reach is considered as an effective measure on the town- and infrastructure planning side.

At senior citizen centres there should be personnel ready to assist, and to walk with, the residents. Moreover, the experts say that more women should be involved in the planning process (sic) and that more power should be given to the elderly, for instance in the frame of a participation process and by establishing lobby-groups.

It is also utterly important to plan continuous pedestrian networks that are accessible, safe and reliable to use. In this connection, it is also necessary to plan with the "whole travel chain" in mind. Moreover, the experts ask for better and more elderly-friendly adaptation of the public-transport system. This concerns design and maintenance of the vehicles, the quality and appropriateness of information signs and displays, information about accessibility and usability (e.g. with wheelchairs) in the time tables, etc. In parallel, it is necessary to develop the Special Transportation services even more.

All kinds of solutions in the physical environment that are implemented in order to increase accessibility (including lighting, visibility and elements that help users to find their way) are welcome. This is also seen as relevant in connection with zebra crossings that should be safe and accessible, not least those that lie on the way to stops and stations of the public transport system.

Some other recommendations were to increase self confidence among elderly citizens, a very general request, and to develop better walking aids, a rather practical recommendation.

What experts tell about what prevents measures considered useful from being implemented

The experts, to start with, criticise themselves, or rather their own group: They say that there is no real insight into the magnitude of the problem. Lack of money and lack of understanding are considered to be the most important reasons, and so are attitudes generally. Accessibility and mobility issues still have low status in society and conflicts between aesthetics (from an architect’s point of view) and accessibility (from the elderly point of view) often lie behind planning and implementation decisions, quite frequently taken to the disadvantage of the elderly.

There are also organisational difficulties at all levels. For instance, there is a lack of lobbying for the elderly, or the existing lobby associations do not do a good job, as is criticised by the interviewed experts. One difficulty in this connection consists of handicap organisations who are too demanding and “who want everything now!”’, which is as disadvantageous as not fighting for one’s interests at all. At the same time, the mentioned handicap organisations are not in agreement with each others. Different organisations ask for different things. This of course causes difficulties for the authorities when they want to make handicap organisations participate in their discussions and decisions what should be implemented.

SENIORS– MAIN FINDINGS

What do seniors think about their current mobility conditions

The interviewees belonging to the group(s) of the elderly stressed the importance of one's personal history. If you develop good habits when you are young, and if you for instance like
being outdoors a lot, you will be a spry senior citizen, because is depends on how spry you are if you are injured or not when you fall or if you have a slight accident. If you are used to being autonomous, flexible and mobile, you will probably more easily maintain your mobility and routine. Doctors often tell you how important it is to get out and move around and "many of us" are follow advice, in this respect. Travelling is good for the elderly, they say. It helps keeping them young. Some senior citizens are very active – they do aerobics, go dancing, play bocce in the park, go on excursions, play billiards.

Pedestrians

The interviewees point out that motion is important for the elderly's health. It stimulates breathing and is good for the heart. The doctors tell you to get out and move. Taking a walk every morning makes and keeps you healthy. Walking is especially good for you if you can walk with a friend. Older people prefer to walk in the company of someone else. But the problem of course is that with increasing age there is no one you can go out with. Many elderly people therefore prefer to stay at home. Maybe they just do not have the energy to motivate themselves to go walking if this is sadly perceived as boring or lonesome.

Some elderly persons cannot manage to go out alone because of infirmities, and they do not get any help. They experience many problems when they are moving around. Sidewalks are not smooth, they are often uneven and not properly maintained. Also there are too short crossing times when the pedestrians lights are green. Roundabouts create doubts for many elderly pedestrians, it is unclear how one should behave at roundabouts. To suit elderly people pedestrian crossings should be better marked and more visible. For some it would be convenient to build underpasses so you do not have to cross roads and can avoid having to wait. Others do not like underpasses so much because these are places of insecurity. Knobbed surfaces at crosswalks help to make them safer. A refuge in the middle of the crosswalks that has staggered railings that help pedestrians but slows down bicycles is also considered as being advantageous.

The interviewees complain about bicycles and mopeds on sidewalks. They are considered a big problem. Bicycles often bring about unpleasant surprises for elderly, one cannot hear them when they approach from the rear.

It is however important to use the aids that are available properly. For example, one should use a walker to lean on. Walkers are good, though it is hard to get them into the bus, but they are handy for putting your parcels in. One experienced problem is that the walker and the physical surroundings do not always make it easy together.

If possible one should also go out two by two in order to lend each other support (however, it has already been said that a second person is not always easily available).

The issue of benches along the pedestrian roads is several times raised as a good help. The benches must have proper armrests and be available also in wintertime (roofs?)

Cyclists

Bicycling is mainly used by the younger elderly. But this group finds biking being good for themselves and use the bicycle a lot. It is also considered fun. However, the need of separate bicycle routes is obvious. The more bicycle paths there are the better and safer you feel. In contrast to this, bicycling on narrow country roads where the cars travel past you with higher speeds is regarded as being hazardous.
Car users

The pleasure of driving a car is often outspoken among elderly (though especially among male) people. They express that they love to drive and still often change cars. If you keep up your driving you maintain your ability and routine, which is a precondition for safe driving. An increasing problem, though, is that other car (viz. other, younger people) drive too fast “all over the place”. The interviewees stress their opinion that elderly drivers are very cautious, they plan their driving by carefully selecting roads and times, they often only drive in familiar places. They avoid left turns in intersections, they avoid driving in downtown areas (mainly due to the problem of finding a parking lot) and they do not drive very fast. This behaviour (driving slower) is however often regarded hazardous by younger drivers (who probably mix up the fact of being an obstacle to their dynamic driving style with being hazardous).

However, with increasing age you may not be able to use your car as much as you would like to. It is often in rural areas that elderly persons use the cars longer. For the very old people (and for those who do not own cars) the possibility to be picked up at home by friends and relatives is one of the few ways to be able to participate in activities in society, apart from Special Transportation Services.

Public transport users

Long bus trips can be stimulating for many elderly but they are often expensive. The buses are often full and crowded. In urban areas you can use different kinds of public transport but in rural areas the use of Special Transportation Services is more important.

Short-comings in the physical abilities of the individuals often reduce the use of public transport. Therefore, the adaptation of buses and bus systems, like kneeling buses and elevated bus stops are absolute musts. Kneeling buses are easier to enter and to leave. Lower boarding steps in buses, a flat entry step, not one that shoots out at you, and buses that do not stop too far from the curb of the sidewalk are considered as being good solutions. Low floor buses are considered as positive, but more could be done. Limited space for wheelchairs on ordinary buses is still a problem. People with poor eyesight cannot see the numbers and destinations of the buses. And finally, having the bus driver waiting until you are seated and in addition having the driver driving at a somewhat lower speed would make the journey much more comfortable.

But some measures are being implemented. Service routes that accommodate the needs of elderly people are very good solutions. They have a routing that makes the distances to the bus stops small, because the bus runs where many elderly people live. Special-Transportation-System busses are great, they accommodate wheelchairs and the wide doors in the middle of the buses are comfortable and make bus use more easy. Service-route traffic should be expanded.

It is stated that bad connections in the public-transport system often result in long travel times. E.g., as far as trains are concerned, stopping more often at smaller communities could improve the situation a lot. By the way: The entry step onto train compartments is higher than that on the bus and creates a lot of problems.

How do senior citizens cope with the current mobility conditions?

Elderly people try to adapt to the situation. At the same time, they behave in order to compensate for individual shortcomings. E.g., elderly drivers have a special behaviour: They
tend to keep close to the middle of the road, they tend to respect the speed limit, they tend
to give way and not to insist on their right of way, according to the interviewees. They use
minor roads and do not drive in densely inhabited or densely trafficked areas, etc.

In general, elderly road users are said to follow the regulations, as this gives them security.
They think it is safer to bike on bicycle roads or sidewalks, and to use available equipment
properly, like buttons on traffic lights etc.

The interviewees are of the opinion that (younger) car drivers do not watch out: They open
the door straight out to traffic, without checking first. They frequently avoid eye contact
when one wants to cross the road as a pedestrian.

Also, cyclists are considered as being dangerous for elderly pedestrians under certain
conditions: If they share common areas with the pedestrians, the problem is that elderly
pedestrians have difficulties to hear cyclists when they approach from behind.

What enhances the mobility of senior citizens

To be able to use the car as drivers or passengers provides the best mobility. But when
driving is no longer an option, good public transport (short distances to railway stations and
bus stops, stops close to curbs, low costs) is absolutely essential. Also, proximity to services
of different kind is necessary.

In the physical environment, a good network of bicycle paths is important, as are separate
paths for pedestrians and cyclists, that often are packed together on narrow space. You feel
safer with traffic lights at intersections, but also roundabouts slow down the speed
efficiently. This is an advantage, while the disadvantage is that it is often not so clear how
you should walk through a roundabout.

In the FGI and IDI it is often suggested to implement a general speed limit to 30 km/h in
residential areas. In conclusion, a good adaptation of the physical environment is essential.
Administration should act somewhat quicker in connection with all these aspects. The
periods between the notification of a problem and measures taken must be much shorter.

On a personal level, good walking aids such as rollators (wheeled walkers) are needed. But it
is also necessary that people who would need them make use of them. And also good
friends are needed! If no friends live in the vicinity, to be active in organisations etc. helps.
And finally you have to adapt to the traffic situation, be physically active and keep fit.

What limits the mobility of senior citizens

The individual physical capacity is the most important factor. But of course the physical
environment also plays an important role such as hilly neighbourhoods, as curbs in the
pedestrian environment, slopes that may become icy, obstacles etc. Cars that are parked on
bicycle paths and pedestrian roads also have an impact on the mobility of elderly people, and
so have the behaviour of other road (younger) users. Many elderly people have access
neither to a car nor to public transport. And if there is access to public transport, it is
frequently badly planned to suite many elderly’s needs, with respect to usability, routing and
destinations, prices, booking facilities, etc.

The individual economy among the elderly group has a great influence on their mobility in
old age. Who is not well off economically suffers from reduced mobility. Another issue is the
access to shops and other public facilities that today are not accessible enough, toilets were
especially mentioned in this context. To be afraid not to find a toilet when needed when one
is walking or travelling to some place is certainly a barrier to mobility.
Too many restrictions with respect to Special-Transportation Services are often mentioned as an obstacle for mobility. Also, walking aids used by elderly people are not always optimal, developments is needed. And finally, and as a more general aspect that in some way has to do with all other problems that have been identified, again the weak organisations for elderly and disabled people were mentioned as hindering progress, or in any case as not promoting progress well enough and in the desired direction.

What measures are necessary to improve the situation

The most important issue is to plan transport-systems according to the needs of elderly and disabled people. Training programs to make decision makers aware of the difficulties in the traffic environment for elderly and disabled people were mentioned as one important factor to achieve better mobility for the elderly. Regarding training programs, the issue of EU mopedists, cyclists and school children overall were mentioned: Why not add training programmes for elderly road users.

Stronger legislation and regulation were also mentioned, mainly concerning other (younger) road users’ bad behaviour, (i.e. via speed limits and other regulations), more police enforcement and fewer traffic signs. A better road network was also asked for such as a better separation of transport modes, better planned road sections (2+1 road lanes) that make driving easier quite generally, etc. More bicycle paths were another measure mentioned, as were also better lighting in the whole traffic system. Crucial factors are of course also the maintenance of pavements both during summer and winter conditions, lower curbs, flatter slopes, the use of contrasting materials, etc.

Good public transport (close to railway stations and bus stops, smaller and better accessible busses, low(er) costs) and better usable buses and trains (comfort, seats, handles) are mentioned as a key factors for mobility for elderly people. Better safety for wheelchair passengers in cars and buses is also an almost forgotten issue.

On the personal level the necessity of better and more frequent use of walking aids such as rollators (wheeled walkers) was stressed. Such walking aids also have to be further developed (for instance, bigger wheels on rollators would be a good solution, the interviewees think).

Not least, better information about different types of medicine that elderly persons often have to take is needed, in order to avoid problematic changes in the organism and, consequently, hazardous behaviour in traffic. But most important of all is to keep fit. And “start a senior citizens revolution”.

What prevents measures considered useful from being implemented

The far most important reasons are lack of money and lack of knowledge. Planners are not familiar with the needs of, for instance, rollator users in the traffic environment. Thereby, attitudes towards elderly also play an important role.

Interestingly, the opinion that there are “far too many men in decision making positions” and too few seniors in politics and decision making positions, is expressed quite frequently. We must face the fact that there will be a dramatic increase in the number of elderly people during the upcoming decades. Nevertheless, today, elderly people are not a prioritised group in society at all. Politicians do not seem to be much interested. This probably, among other things, is due to the fact that there is a lack of lobbying, viz. a lack of efficient lobbying from the side of the elderly organisations.
Cut downs in public transport due to lack of passengers also play a role. If elderly could make use of public transport more easily there would be more passengers. But the responsible people do not seem to believe that they would be able to achieve good results in this respect. So nothing is done.

CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION AND POLICY-MAKING IN SWEDEN

What was known and then confirmed or challenged by interviews’ data

Elderly people are a mobile group, or at least they want to be and remain mobile as long as possible. But they experience a lot of problems when using the existing transport-system today. If experts where of the opinion that they knew the elderly’s interests than this opinion was certainly challenged by the statements of the elderly.

What was suspected and then confirmed or challenged by interviews’ data

Elderly people are regarded as a non-prioritised group. The assumption expressed at earlier occasions and in other projects that politicians do not pay much attention to the mobility elderly road users was confirmed.

What was new that was not previously suspected

The elderly seem to have rather determined opinions about other road users’ bad behaviour in traffic. They often refer to more regulations and legislation in order to change this.
EXPERTS – MAIN FINDINGS

What do you think about the elderly citizens' mobility conditions today? How do senior citizens cope with the present mobility situation?

Motivation, needs, fears and routines of the elderly citizens

In the experts’ opinion, senior citizens have a general feeling of insecurity and being lost in modern society. That is because the seniors do not get on well with modern transformations such as technology, complexity of rules and solutions and traffic density. Senior citizens are aware of mobility problems related to their age. They feel ashamed of getting old.

Senior citizens have a lot of time and live slower. They do not have many hobbies, showing mostly routine behaviour. They are often tired, impatient and activating them is difficult. However, they want to be needed (appreciated). Seniors’ mobility depends on their character traits and on their mentality. It also depends on mobility targets, on family ties, and on emotions.

Seniors do not have a habit moving far, so they do not travel too much. Generally, seniors move less than young people, because of their mobility habits and their lowered fitness. Only a little percentage of seniors has cars, and they are safe drivers. Senior citizens mainly walk or cycle. They prefer to walk or ride on flat ground. However, they also appreciate public transport. Healthy seniors use public transport a lot.

General limitations of the older adults

According to the responses of the experts, mobility depends on three main factors. The most important is a limitation related to finance. Seniors’ mobility depends directly on income. Lack of financial resources often makes mobility impossible. Lowered fitness of seniors is another factor. Senior citizens are often disabled. Non-linear changes in health of seniors make their mobility possibilities unpredictable. Decreased seniors’ fitness causes mobility problems even at home. The third factor, that influences seniors’ mobility in general is climate and weather conditions.

Attitudes and prejudices towards the elderly citizens

Experts were of the view that social attitudes toward senior citizens depend on the culture. However, lack of any interest in seniors’ problems is dominant. Decision-makers care more about road engineering than about elderly passengers. They often promise impracticable changes in the transport system. Experts also underlined the negative attitude towards senior drivers. Senior drivers’ mobility depends on culture and abilities of other road users.
According to experts, the main reason for such attitudes is a bad education system that obstructs developing positive approach to older adults. Particularly, bad drivers’-education systems results in aggressive and careless behaviour of road users, especially towards slower drivers. Also, youth and dynamism are in fashion, so there is no room for senior citizens’ problems. Seniors of course sometimes behave incorrectly, as well, which leads to prejudices of the rest of the society against them.

**Specific problems**

From the experts’ point of view, there are specific mobility problems for elderly citizens. High accident rate among senior pedestrians is one of them. According to some experts, neglecting traffic rules and regulations by senior citizens – if this is the reason for accidents - have reasons like very bad road infrastructure and lots of architectural barriers.

The specificity of mobility problems depends on the living area. Although mobility is still higher in and around big cities, there are fewer and fewer activities of senior urban citizens, due to the civilisation development. Driving in city centres is very difficult. On the other hand, the seniors living in suburban and rural districts have limited choice of transport means. They have problems with reaching targets by public transport. Lack of alternative transport in the above-mentioned areas makes mobility even more difficult.

**What has been done to improve mobility of the elderly citizens?**

Answering to the question at this point, our experts noticed only two procedures and measures that enhanced mobility of senior citizens. The first was technological progress. New technologies often help the elderly to improve their mobility. However, senior citizens often feel fear of new devices, some experts remark. The second measure was financial help from the state. For example, reduction of ticket prices allows seniors to use public transport more frequently. State and local cuts of budget often make this financial help impossible, however.

**Other mobility conditions**

According to the respondents the lack of law regulations concerning seniors’ mobility is a very important factor which influences senior citizens’ mobility negatively. There is not much scientific research concerning this problem, at all, and results of rare studies are not used in practice. Too little knowledge of proper criteria of design and planning concerning seniors’ mobility needs is reflected in a chaotic urban development.

**What enhances and what limits the mobility of senior citizens? Which measures are necessary to improve the situation?**

**Pedestrians**

In the experts’ opinion, senior citizens adopt some special walking strategies. They walk when public transport is not available, but they try to avoid stairs and underground crossings. They compel cars to stop on pedestrian crossings. Some experts were of the view that seniors use walking aids very rarely because of their ambition and because they feel ashamed when using them. Pilgrimages and walking out the dog are walking activities that are performed by senior citizens for their own pleasure. Travel agencies do not offer too
much to the elderly. They should offer more journeys, pilgrimages and vacation trips especially for older citizens. Senior tourism should not only be better organised it should also be better promoted (media, church, and social organisations).

Eliminating obstacles like high curbs on streets, stairs in buildings with no access to lifts, enhances the mobility of senior citizens. Building driveways, ramps, hoists, escalators, lifts, chair lifts, commuter trains and lower curbs, even pollards instead of curbs on the streets are all useful devices to improve seniors’ opportunity to walk and to reach targets by walking. Where traffic safety applications (islands, refuges and thresholds, slowing down lanes, rough street surface, accident-free crossways, underpasses, road traffic lights and “bleep” sounds) are employed, it always helps senior citizens to move around. However, modern traffic lights that are intelligent (reacting on users appearance), pulsing (interval signalling) and sound signalling (additionally) should be installed instead of the commonly existing old system of traffic lights.

Seniors also have the possibility of using special devices to support their mobility like: walkers, walking sticks, walking frames, crutches or wheelchairs. However, according to our experts, there is still low accessibility to these walking aids. The infrastructure of walking paths is also important with regard to the enhancement of the seniors’ mobility. Benches surrounded by trees and flowers allow senior citizens to have a safe rest after walking. The number of such walking paths is not sufficient and should quickly increase.

Our experts estimate the real conditions of walking for senior citizens in Poland to be rather poor. Road infrastructure (especially in suburban and rural districts) is really bad: curbs are high; sidewalks, pavements and crosswalks are narrow, slippery or even lacking; traffic signalling is poor. Sidewalks are often blocked by parked cars. There are also bicycle paths on side-walks. The police usually does not react to parked cars on pavements or to cyclists who break traffic regulations. Therefore our experts suggested to improve road infrastructure particularly outside the city centres. Ring-ways for car transit and side-walks instead of roadsides should be built, security road devices (tested already in the city centres) should be installed. Public buildings are also not adapted to the seniors’ mobility level. There are too few lifts in offices, hospitals, galleries, cinemas and theatres. Instead, there are high stairs, slippery floors and uncomfortable accesses. Our experts postulated the installation devices that support climbing in all buildings.

It seems that seniors are impatient when they cross the streets. They have a lot of difficulties to estimate speed of vehicles and almost no knowledge about dangers. They are afraid of accidents, but they do not know how to avoid them. Furthermore, older citizens are often invisible on the road, especially in the dark (experts suggested using reflectors on the clothes). Also, car drivers often behave aggressively towards walking senior citizens – they do not follow traffic rules and regulations, drive too fast, park on side-walks and unappropriately insist on their own priority. To sum up, walking conditions for seniors are in the experts’ view rather unsafe and uncomfortable. They even suggested the necessity of monitoring seniors’ movements (cameras in public places, GPS in mobility supporting devices and vehicles carrying senior citizens) to improve their safety of mobility.

**Car users**

In small cities seniors drive their own cars if they have one. Still, there is a low percentage of senior citizens who possess driving licenses. Senior citizens drive their cars slowly and carefully, concentrate more on driving than young drivers. They tend to organise car trips in small groups of a few drivers, so if the driver at the wheel feels unhealthy, he or she can be replaced by another one. Generally, in our experts’ opinion, the driving conditions are also not comfortable for senior citizens: roads are poorly marked, traffic density increases all the
time, there are a lot of roadwork and too few parking places. Experts noticed that police enforcement was often helpful in such poor driving conditions.

Some experts assessed seniors’ driving skills poorly – in their opinion old citizens drive too slowly, showing low parking abilities and coping poorly with stress during traffic jams. According to these experts, the seniors have no knowledge about traffic rules and regulations due to frequent changes of the traffic code. These experts suggest periodical medical check-ups of older citizens for driving abilities. However, according to the other experts, older drivers do not cause more road accidents – they are neither dangerous for themselves nor for any other road users. In conclusion, the last group of experts suggested even encouraging senior drivers to use their cars more frequently.

There are too few cars that are adjusted to disabled and elderly senior citizens’ needs. From the viewpoint of our experts, the most important device that enhances seniors’ driving mobility is automatic gearing in passenger cars. Increased access to adjusted cars is very important. They also suggested to mark cars that are driven by elder citizens with a special sign. However, seniors do not accept this solution. One of the most common experts’ suggestions was that there should be more traffic limitations. There should be lower and better enforced speed limits in built-up areas and traffic in city centres should be stopped or reduced. Police should supervise car drivers’ behaviour peremptorily.

**Public transport users**

From the viewpoint of our experts, public transport is a very frequently chosen option of moving around by senior citizens. Seniors use buses and trams in big cities, buses and trains outside cities (also school-buses in suburban and rural districts). They sometimes use cheap city transport (for example the system of minibuses especially adapted for seniors, although this system is not developed well enough) wherever it is available, instead of expensive taxis. An alternative way of public transport (short trains, electrical minibuses, rail buses, metro/fast railway) should be developed as soon as possible to enhance seniors’ mobility. Senior citizens rarely hire coaches for trips outside the city.

There are a lot of enhancements in public transport. Low-floor buses and trams are used frequently in big cities even if they cost a lot. However, there are no such busses or wagons outside the cities. These wagons are comfortable, have good ventilation, heating, handrails, wide and comfortable seats, automatic doors, safety cameras, special wheelchair and trolley places. They are easily accessible from the platforms on the same level as their low-floor. High-floor old wagons are consequently replaced. However, there are still some old wagons in public transport. In our experts’ opinion, they are terrible – stinking, loud, too slow, hard, chaotic, and they generate bad trip atmosphere. Legibility of time-tables and high frequency of public transportation are also very important to enhance seniors mobility. However, according to our experts, information sheets or screens at bus stops are often illegible for elderly persons. There is also a lack of voice information in public transport due to citizens’ protests against the noise of such communication systems. Experts strongly advised making all of the information about public transport better accessible and more appropriate for elder citizens (flyers, websites, free phone lines, media announcements).

Free travel passes for seniors over 70 years and discount tickets for retired/disabled citizens allow reducing mobility costs. However, free passes are valid only in the city areas. Also time-limited tickets and tickets valid in all carriers reduce the costs of using different lines or modes during one trip. According to some respondents tickets have an uncomfortable form for senior citizens; they are small and unreadable. Also, in the experts’ view, seniors’ mobility is enhanced by good infrastructure of public transport: bus stops with benches and roofs, request bus-stops and common junction points for multiple transport lines. Our
experts find public transport in real life as badly organised. Lack of co-ordination between different transport means, long waiting time for public transport, liquidation of regional connections and connections before and after business hours (with no alternatives) are the main disadvantages of public transport organisation in our experts’ viewpoint.

Thus, our experts recommended further improvement in public transport. In their opinion, it is necessary to change the infrastructure of tram/bus stops – their location and indications. Organising special places for disabled or/and senior citizens, building platforms higher than at street level and installing digital info tables should enhance seniors’ mobility. Public transport should also function more punctually and be safer. Tickets should cost less, especially for elder citizens, and procedures of receiving free tickets should be simplified.

According to our experts, to get in and out of the public transport wagons seniors mostly use front doors. Some experts noticed that public transport drivers had a special training how to help senior citizens in mobility. Other experts still pointed out that bus-drivers were unfriendly, even aggressive to senior citizens, at best showing no reaction to senior citizens’ mobility problems at all. Almost all experts suggested that bus drivers should help senior citizens to get inside the car. They also stated that stewards (taking care of passengers during the trip) would help. Also some rules for passengers are unfriendly for seniors and should be changed.

**Cyclists**

Surprisingly, our experts have not too much to say about cycling conditions in Poland. That is because cycling is unpopular in Poland. However, they were able to notice seniors’ preference to switch moving facilities from cars to bikes. Senior citizens cycle only on flat road sections and biking paths, because they feel fear to ride in busy streets close to fast moving cars. Lack of bike-routes and poor lights and reflection lights on bicycles are the main limitations of cycling as the mobility option for seniors. To improve seniors’ mobility with regard to cycling, they suggested building some more safe biking paths, to equip taxicabs with boots for bicycles and to establish a chain of rent-a-bike agencies.

**General remarks on seniors’ mobility**

Generally, in the experts’ view, seniors often give up going out, they stay at home (spending time in a passive way), and stop leaving their place of living. There are several reasons for this like: bad weather, financial problems, lack of mobility facilities, bad physical conditions. Other seniors go out for duties (family visits, collecting money, religion ceremonies) or fun and recreation (tourist activity, rehabilitation). When going out they use well-known routes and well indicated roads, carefully planing the route before taking it. They avoid rush hours and crowded places. Nowadays, seniors do not inform their own families about their mobility plans. Knowing about accessible mobility modes, their better education and own prosperity are among the enhancements that improve senior citizens’ mobility.

Many factors impose limitations on senior citizens’ mobility. Part of the seniors feel strong fears for reasons like: their low fitness, dark streets. They are afraid of: looking for help, using new technologies or new devices and of unknown journeys. Feeling insecure, they stay at home, searching some activities (intellectual activity preference) and using telephone or e-mail services instead of direct social contacts. Many of them have a bad health (bad psychophysical condition, breathing oar heart problems, beginning dementia, etc.), having problems with elementary performance dimensions like concentration, perception, space orientation, and with more complex mental activities like thinking and decision making. In other words, cognitive processes are sometimes deteriorating, and so is, in some cases,
emotional stability (personality disorders). Often they do not become aware of their own limitations due to their own psychophysical state. At least, this is the opinion of the experts.

They frequent use help of others, like family members, neighbours or volunteers (if they have time), nurses and other employees of social care institutions. Experts underlined a still insufficient number of people who help seniors like other (more fit and healthy) seniors, passengers of public transport or even unknown people in the street. Sometimes they do not ask for help because of societies’ unwillingness or lack of kindness and respect for seniors, and because of their own pride.

**Some specific issues**

From the experts’ point of view, there are not enough safe and comfortable places for seniors’ meetings. Senior-clubs and social institutions with daily social assistance (food, amusements, rehabilitation and medical care) are lacking. Also, in the experts’ opinion, there are no strong seniors’ associations, i.e. organizations of older citizens that would care about seniors and defend their interests. The installation of city-council attorneys who are supposed to take care senior citizens’ issues is still a plans for the future. Thus, senior citizens have almost no chance to inform any organizations, city councils, or even the general public about their mobility problems. Consequently, traffic and mobility projects and solutions of any problems in that area are not discussed with senior citizens or their representatives. From the viewpoint of our experts, it seems necessary to establish organisations and some city offices responsible for senior citizens’ problems: to listen to them and to react. Special public senior meetings should be organised to make the discussion on senior citizens’ problems possible. All those should improve the information flow between decision-makers and seniors.

According to our experts, senior-citizens’ mobility problems begin in their own homes. Apartments that seniors live in are not adapted for the elderly’s actual needs. They are located far from the city centres on upper-floor levels. Kitchens, bathrooms and toilets are usually not well equipped for old people needs. Having problems with moving around their own living places, senior citizens frequently give up an idea of going out. In the experts’ opinion it is necessary to inform members of senior citizens’ families about the necessity of house reorganisation.

Financial help from the state is also a special topic. The state should care more about seniors. Higher retirement pensions, supplementary benefits, refunds, allowances, subsidies are commonly mentioned as proper measures that should enhance senior citizens mobility by changing their poor financial condition. Governments should use some European and state funds (FAR, PFRON, and others) more efficiently, in this respect. Such money may found and promote intellectual development of seniors (e.g., 3rd age universities). It may also be used for campaigns aiming at traffic-accident prevention (according to our experts, public media are insufficiently used in this case).

**What prevents measures from being implemented?**

From the experts’ viewpoint bad management of financial means and bureaucracy are reasons for waste of public money which, in consequence, slow down necessary modifications. Decision-makers often adapt short-term policy instead of sustainable, long-term programs for improving mobility conditions. The responsibility for solving seniors’ mobility problems is divided and diffuse (several governmental departments, different types of local services). There is no co-ordination between units responsible for transport organisation.
Also lack of adequate legal solutions and regulations sometimes makes it impossible to introduce mobility facilitation even if money is available to cover such costs. If statues, directives and regulations are incidentally established, they are often badly executed. Sometimes environmentalists’ protests also make execution of improvements impossible, the experts say.

A lack of general education concerning problems of older citizens causes low social awareness and interests including experts’ and governmental level. Habits of thinking about seniors’ mobility problems do not exist. Also seniors themselves and senior organisations do not put enough pressure on decision-makers to get involved in mobility problems of elder citizens. A lack of communication between young and old with regard to mobility problems is frequently observed. There are also a lot of difficulties connected to getting through to the seniors with useful information about mobility facilitation. In the experts’ view, it seems that senior citizens are not interested in their own difficult mobility situation. The system of values and the present state of the civilisation progress in Poland are probably responsible for that. Citizens are still interested mainly in earning money, so they have no time to think about the quality of their living conditions.

Finally, the dynamic progress in many domains, particularly in motorization, is connected to a lack of preparatory activities for modifications. At the same time, the elderly often neglect modern technical solutions and thus do not prepare themselves for changes. In our experts’ opinion, sometimes it is really difficult to solve seniors’ mobility problems and to adjust modern technical solutions to the needs and possibilities of elderly citizens.

**SENIORS – MAIN FINDINGS**

**Actual motivation, fears and routines of elderly citizens**

Most of the seniors are afraid of going out alone after dusk, according to the senior citizens interviewed in our FGI and IDI. The elderly are also afraid of going out when the weather is bad and when the roads are slippery.

Also, seniors report a fear of new environments, theft and assault. They are also afraid of being lost and of being confused, of not recognising people in the street, or falling down on the street. However, as they claim, street monitoring enhances their sense of safety.

Elderly are concerned about loosing their fitness, health and memory. They fear being alone, loosing family members, and they feel a lack of people who are willing to help them. They are also afraid of a deterioration of their own financial situation. Elderly persons, according to our interviewees, fall behind changes in environment and technology and thus they are also afraid of novelty. Some of them are afraid of repression from the side of the government. Some of them feel neglected and being ignored by Polish government.

Concerning motives and reasons for going out - at least three types of attitudes among seniors can be observed. Some of them are determined to lead an active life. They try to be independent in their everyday household-activities and in connection with shopping. They need contact with the world and they are interested in it. Thus, they want to participate in cultural events, renew old friendships, and to have meetings and visits. They go out systematically for pleasure (entertainment, tours and excursions). Participation in pilgrimages is of special interest among seniors in Poland. Activities like cultivation of allotments and terrace gardens are very popular. Being old means more freedom for them, more leisure time which they can spend on their hobbies. They do appreciate independence as an important value.
One group of seniors reports going out only if they are obliged to: In order to go on with everyday activities that have to be dealt with, to go for rehabilitation, to go to see doctors, or to attend church. However, they would also walk with grandchildren and dogs, and go out after a family quarrel.

The third group of seniors reports staying at home, they have stopped to go out, to use public transport, to go on different types of trips, mainly because of health problems and of lack of motivation (laziness, but also depression). They feel well only at home, they claim. Those elderly persons are actually afraid of going out. From the other seniors’ perspective, this group is seen as the ones who overrate (or maybe want to draw attention to?) their own illnesses and have too few outdoor activities. Television often substitutes personal contacts for them. Low level of education is claimed to be a reason for resigning from mobility and from fighting for one's own rights.

The interviewees are aware that fitness is the result of physical activity and that caring about one’s physical condition is also necessary in young age. However, with ageing, taking care of being fit depends on the ability to move. In fact, seniors report walking, rehabilitation, gymnastics, cycling or open air exercising as the main factors to improve condition. Some of them maintain their physical fitness by, for example, walking up and down stairs instead of using lifts or escalators.

In spite of what has been said above, they are also aware of the fact that the effort they make has to be adjusted to their physical capabilities. Rehabilitation should be discussed with doctors. This also refers to everyday activities, for which they have some specific strategies like: kneeling instead of bending, using backpack instead of a shopping bag, or only doing household jobs which are not too physically demanding. Some of them prefer mental activities (creative work, education) to the physical ones. Seniors also report spending free time with their families. Good food, drinks, ice-creams are also perceived as things which might increase their good mood.

Some respondents claim that the level of physical activity of seniors in Poland is not sufficient because they are not used to doing exercises and taking care of their fitness.

**General limitations**

As expected, mobility is perceived by older adults as being dependent on their health conditions, and their financial conditions. As to the financial factor, money gives security, seniors claim, whereas most of them report financial limitations and problems with getting a job in order to improve their pension. They lack money for things like travelling, domestic help, a car, or even medicine, which all are perceived as being expensive. According to senior citizens, the pension should be high enough to pay for a household help, but it isn’t. People living alone are in a particularly difficult financial situation. According to the seniors, there are fewer and fewer volunteers to help, so they rely on services of local nurses. However, the main source of support is the family. Family members help in the household, in getting medical help and they sometimes give financial support. Elderly hardly report that they can effort amenities.

With regard to the negative aspects of ageing, according to seniors, good mood and fitness decrease with age. Memory, sight and hearing weakens with age as well. Coping with various situations also becomes harder. Infrastructure is often not adjusted to seniors’ needs, thus, they report difficulties with handling rather simple mobility tasks. Generally speaking, elderly are aware of their limited abilities and opportunities and adapt their expectations to these limitations.
As to the positive sides of ageing, seniors report that theoretical and practical experience grows with age, the family gets bigger with age and they have more time for themselves. But some seniors report a lack of positive changes connected to the ageing process.

As to nutrition habits, seniors recommend themselves not to overeat. Some of them are afraid of contamination. Benefits come from a regular style of life and from proper nutrition.

It seems that participation in religious services plays an important role in Polish seniors’ life. For example, visiting cemeteries is one of the common reasons for going outside for them.

**Social attitude towards seniors**

Seniors’ perception of societal attitudes towards them is ambiguous. Unfortunately, the majority of senior citizens perceive attitudes and prejudices of people towards them as mainly negative. They suffer from a lack of respect and a lack of sensitivity for older adults’ problems (particularly among young people). Some of the elderly are ashamed of going out because they are infirm and disabled. Thus, they feel better with people of their own age. Elderly are aware that sometimes they are difficult in contact with younger persons.

Others, however, claim that society has a rather positive approach to them. Sometimes young, unknown people offer their help. They have not experienced direct aggression of any form. They have positive relationships with their family and neighbours. They benefit from help of partners and the family. Smiling helps in getting help. Positive or negative social attitude towards seniors might depend on upbringing and place of living, as the respondents claim.

Seniors do like to be perceived as helpful and valuable by their relatives and friends. They claim that they look after other disabled persons, other old persons, and that they help younger people, e.g. financially or by taking care of their children.

**Specific mobility problems of seniors**

Blood circulation illnesses first and foremost cause limitations in movement (mainly walking). Other common problems are: feeling of helplessness, headaches, lack of motivation for physical exercise, depression. Some of them report taking painkillers and using orthopaedic equipment as ways of dealing with lowered physical fitness and some specific health problems. People on wheel chairs without electric engines suffer from pain in their arms. In electric wheel chairs engines break too easily. Low chassis carts are not good for rough surfaces.

Our senior interviewees demanded a reduction of prices of medicine. Also, according to their opinion health service staff does not always have proper qualifications and an appropriate attitude towards elderly persons. To look after one’s health in order to be able to remain mobile is not considered quite easy.

**What has been done to improve elder mobility**

According the seniors, services of public transport were improved during the recent years. Also, services in public buildings are designed in a way that is much more suitable for old people’s needs.
What enhances and what limits the mobility of senior citizens?
Which measures are necessary to improve the situation?

**Pedestrians**

For older pedestrians a good pedestrian infrastructure is important. This includes: good illumination, smooth roads and pavements, low curbs with driveways for wheelchairs, well placed and well readable traffic signs, light and sound signals at pedestrian crossings, walking paths out of town, parks, and benches on walking paths. Seniors tend to choose safer (and not necessarily shorter) walking routes. According to them, traffic safety depends on caution and concentration in the streets.

At the same time they complain about: a lack of parks, a lack of infrastructure at the outskirts of towns, a lack of pavements outside centres of towns, damaged and bumpy pavements, high curbs, unsafe pavements in wintertime. Parking on pavements makes walking difficult for them.

Bicycle paths crossing districts where elderly live are perceived as unsafe. The interviewees complain about too little amount of municipal police patrols, about streets and lawns contaminated by dog excrements (and they fear dogs as well!), about a lack of places to dispose litter. Increased traffic makes walking difficult to them. Cars obstruct entrance gates and doors.

While crossing streets they are afraid of cars and cyclists, too frequent changes of the traffic lights and too short green-phases for pedestrians, or a lack of traffic lights. Trading on pavements near crossings often impedes crossing the streets. Reduced fitness limits the chances for noticing approaching car.

Removing the above mentioned obstacles is recommended, as well as restricting car traffic in the centres of towns and marking out walking paths. Senior citizens recommend exchanging municipal police by the federal police as more effective.

Walking aids – rollators, cans, crutches, sticks – and also wheelchairs should be more easily available.

**Car users**

Driving is not very usual among older citizens in Poland for two reasons: There is only a small number of private cars (particularly on the countryside; cars seem to be too expensive) and elderly rarely have a driving license. Those elderly who can drive a car partly use their own cars, partly cars belonging to their family, and partly service cars belonging to, e.g., social care institutions.

Seniors in the FGI and IDI complain about healthy and young persons occupying parking lots designed for impaired persons with their own cars.

Driving after dusk is difficult for many elderly persons because of sight problems. They complain about a lack of driveways, a lack of parking space, about too fast and aggressive driving by other (younger) car drivers, about traffic jams, bad visibility of dangerous segments of roads, insufficient amount of road signs on dangerous segments of roads. They generally point out a lack of responsibility and culture among drivers. A growing traffic density is also noticeable to seniors.

Seniors recommend the use of special cars for mobility impaired people, the building of roundabouts and overpasses in order to make intersections easier to cross. Police should
give parking tickets for parking in forbidden places. Proper rules concerning parking based on other countries’ experience should be applied in Poland.

**Public transport users**

Senior citizens appreciate free fares for people over 70 and reduced prizes for tickets for pensioners and handicapped people. They also appreciate when younger persons offer their seats in public transport (however, being afraid of dangerous confrontation while taking a back seat from young people).

As to specific behaviour while travelling, our interviewees report that if the bus is crowded elderly wait for the next one, they make specific plans of their trips. Seniors help each other in getting seats. They prefer getting into public transport means through the front door. They also ask people in the street for help in order to get into the public transport means.

Important things for seniors are: handles and handrails, low-floor tramways and buses, special seats for the mobility impaired in public-transport means. High platform on stops make mounting easier.

The increase of ticket prices, vandalisation of trains, doors closing too fast, too high platforms, high steps, long waiting times, bad connections, seats occupied by young people who do not offer them are the obstacles listed by the seniors in the FGI and IDI.

According to them, a special training for bus drivers how to stop at bus stops in winter is necessary. Taxi drivers should be obliged to help if someone owns a special senior card. Tram carriages should be renewed, old bus stops should be reconstructed with roofs and glass frames. Systems of small busses and quick tramways should be introduced. Legible information about the public-transport service is essential. Senior citizens would appreciate longer signals when doors close in tramways. The level of personal hygiene (of other passengers) should be higher as well.

According to some of the interviewees, public transport is not at all adjusted to old people’s needs. Neither is public transportation adjusted to wheel chairs. Unprofitable connections (usually convenient to senior citizens) are suspended. Some say that if they have to go somewhere, they take taxies, which are very expensive. Maybe they belong to this that are afraid of using public transport, which is a group that the interviewees mention.

**Cyclists**

Cycling is not very usual among senior citizens in Poland. Seniors recommend to use special types of shoes for riding a bicycle. The cyclists among the interviewees complain that cars and pedestrians obstruct bicycle paths. There is also generally a lack of bicycle paths, and a bad societal attitude towards cyclists prevails. They demand better marking out of bicycle paths, especially outside towns.

**Other comments**

**Social**

It was stated that seniors lack representation in the public. Also a low position in hierarchy in the society can be observed, as well as advertisements which propagate aggression against the elderly. Seniors postulate changes in the educational system. An appropriate attitude towards elderly should be thought in the families.
SIZE Deliverables D5 & D6

Some seniors feel uninformed about their rights and privileges. However, there is no agreement among them on how information for seniors about these topics should be distributed: Being informed by the public institutions, through the church or by other volunteers, by public and local media, by mail documents from organizations, etc. Information is particularly hard to receive by people who do not leave their homes, although information via mail and electronic media would probably help. But anyway, there is a need of making old people aware of their rights and privileges.

Part of the elderly citizens need some assistance with shopping; family members, volunteers, Red Cross, pensioners unions, etc. are listed among people and institutions considered as helpful.

Financial conditions

Retired seniors are not allowed to work, which influences their financial situation. This also influences their self-esteem and general mood. According to the interviewees, elderly support the budget of the country at their own expense. They demand extra finances for the mobility impaired, as well as a rise of pensions, allowance for work and a job for all people. Because of that a change in the model of economy is required.

Public buildings

As seniors highlighted, public buildings should have lifts, driveways and escalators. Offices should be situated on ground floors and elderly should be served without waiting for their turn. Special rooms with service for seniors could be situated on ground floors of offices. Senior citizens complain about lack of banisters in buildings, corruption in offices, lack of lifts in buildings with several floors, heavy gates in buildings. Lifts are narrow so people on wheelchairs cannot get in. They often lack legible information in offices.

Home area

Flats are usually not adapted to elderly people’s needs (caused by financial and psychological barriers). Again, lifts in all buildings are essential. Otherwise, seniors suggest changing flats to lower floors. A common seniors’ strategy is to move to smaller flats on lower floors. An appropriate equipment in bathrooms (e.g., anti-skidmats in showers and bath tubs, handles at appropriate positions) is seen as a very important factor of safety. Central heating, gas and water, as well as mechanised household equipment (e.g., equipment helping in pooling things down from shelves) are decisive for the comfort of living. Stronger lighting in flats is important.

Future designs should be with elderly customers/users. The government should also think about housing estates for elderly.

Public health system

Seniors generally complain about bad access to utilities and services. For example, waiting for a sanatorium-stay takes too long, access to medical care is difficult. Home medical care is not sufficient either. Also, it is hard to receive reimbursement for wheelchairs. Seniors demand that places in houses for old people should be available for everyone who wants it. Health-centre canter buildings should have one floor only. There is a need for new houses for seniors with basic medical care, as well as an improvement of medical care in existing houses of social care.
What prevents measures from being implemented?

There are several reasons which hamper the implementation of desired solutions. These include social and political factors.

**Social factors**

According to seniors, there are many social obstacles, which prevent desired solutions from being implemented. These include lack of social interest, empathy and general insensitivity of society towards seniors’ problems. This negative attitude is, as seniors claimed, caused by inappropriate home and school education. Also, old people perceive themselves as a group which is not influential because of a bad financial situation; they think that society is not interested in people who do not have money. A general lack of public sensitivity is also caused by completely different needs of young and old people, attitudes, knowledge and personal experience. This dissimilarity results in a widely discussed conflict of generations.

On the other hand, senior interviewees were complaining about a general lack of information concerning their rights. No one knows where to search information. There are no centres where information is gathered and easily obtained. Moreover, when asked, seniors are not able to point out in which way they should be informed about their rights. No consensus among senior participants was obtained during FGI interviews in this respect.

Seniors lack public representation. Most of the participants of our study were aware of an existence of one association for retired seniors, but all of them concluded that this association is too weak to provide proper representation. Needs of seniors are partly represented by disabled people’s associations.

**Lack of policy and proper regulations**

In addition to the lack of financial resources for applying new solutions, desired modifications are stopped by a lack of proper regulations. Those who design guidelines do not consider the needs of elderly persons. Decision-makers are perceived as being incompetent, corrupt, irresponsible, and not ready to learn about seniors’ needs. Seniors complain about excessive bureaucracy. Above all there is a lack of co-operation between elderly people and institutions concerning senior citizens problems. The interviewees see a relationship between lack of representation and lack of contact between decision-makers and the elderly. Better representation of seniors in the public forum should be strongly enhanced.

**CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION-MAKERS OR POLICY-MAKERS**

As it was described in the State of the Art report, there are a few scientific studies conducted on senior citizens’ mobility problems in Poland. Thus, the low level of knowledge about such problems, at least in the case of experts, was generally expected. However, according to the obtained results, the colloquial understanding of senior citizens’ mobility problems in Poland is broad. Both seniors’ and experts’ points of view on these problems are similar in terms of number and quality. Having identified these problems, members of target groups formulate a great number of demands concerning environmental and individual solutions. The demands are also similar in quality and number. Thus, the following conclusions are drawn regardless of whether seniors or experts have verbalised them.
Seniors’ mobility problems may be analysed from many perspectives. The first one is the personal perspective. Many mobility problems are caused by the individual psychophysical state: attitudes, habits, motives and fears, traits, abilities and disabilities. The second perspective is the environmental perspective of social interactions between elder and other citizens. Social attitudes and prejudices concerning seniors form the atmosphere of acceptance or rejection that enhance or limit the mobility possibilities. State policy (social services, education) is one of the most important measures that influences attitudes and prejudices. The third perspective is a technical one. Due to the technical progress, a lot of useful devices that enhance senior citizens’ mobility are employed in every day life. However, the technical perspective is always connected with the personal one, because seniors often manifest a strong fear of new devices and technologies. Another perspective refers to the laws. Norms and regulations may support or disturb any mode of mobility. Lack of clear regulations slows down the process of improving the elderly citizens’ mobility conditions.

What was known and then confirmed or challenged by the Focus-Group and Individual Interview data?

**Personal perspective**

It was known and then was confirmed by FGIs and IDIs data that ageing is connected with many aspects of mobility problems. It was confirmed that physical and psychological well-being is the main factor that influences mobility from a personal perspective. Related to decreased fitness, ageing always reduces mobility and generates dependence. Both experts and seniors highlighted that the relationship between health and mobility is two-sided. In their opinions, although mobility depends on health, it is also the case that health depends on mobility.

There are a lot of disabled people among elderly citizens. The mobility of disabled people is further reduced by physical, sensorial or psychological deficits. Sometimes the mobility reduction is limited to some specific conditions (e.g., darkness or climatic factors), sometimes it is broad and permanent (e.g., as in the case of Alzheimer disease).

It was also well known that seniors’ mobility depends on their financial resources. Our study has confirmed that lack of such resources reduces mobility. The older citizens with low income cannot handle buying a private car adjusted to their needs and possibilities. Unless they are over 70 years old (and therefore have a free ticket), they are often not able even to pay for the use of public transport. In the experts’ and seniors’ opinion, the taxi is seen as the mode of transport that is completely too expensive (and therefore not accessible) for seniors. However, members of both groups of subjects indicate that senior citizens cope with this problem. They pointed out some strategies to tackle such financial problems. For example, seniors travel in small groups, sharing the costs of commonly planed and executed trips (the cost of bus hiring, the cost of fuel for private cars, for a taxi, etc.).

The third expected problem confirmed by FGI and IDI data concerns emotional aspects of ageing and the relationship between emotions and mood and mobility. Senior citizens feel strong subjective fears, e.g. due to traffic density, or of falling, which could even happen in one’s own home. The data from FGIs and IDIs displayed a list of potential fears, feelings of insecurity and other negative emotions experienced by senior citizens. From the other point of view, aims targeted by seniors, when being positively emotionally marked, enhance seniors’ mobility. Thus, affective valence of objects, events and people plays an important role in determining the mobility of senior citizens.
Finally, our data confirm the existence of the ‘old person stereotype’ as described in the SIZE State of the art on the basis of the review of Polish literature in the area. According to this stereotype, an old person is supposed to be passive and not participating in social life too actively. Moreover, an old person is perceived as not being interested in any sort of physical exercise. The sources of this negative pattern are unknown yet. However, both senior and expert groups participating in our study confirmed that some seniors make no effort to stay active in physical, mental or social terms. As senior subjects claimed, this passive style of life might be caused by both: by the stereotype and by psychological reasons, such as depression, lack of motivation, fears. Loneliness and lack of company seem to be factors lying behind this.

**Social perspective**

Generally speaking, the image of people of older age seems to be negative. This is not surprising since youth is still in fashion among our society, as seniors claim. According to seniors, the effects of the negative “social atmosphere” based on negative attitudes and prejudices could be seen in many areas. Car drivers are aggressive towards elder pedestrians who walk slowly. Pedestrians are aggressive towards elder car drivers that slowly drive their cars along the streets. The differences in mental and life speeds make understanding between elder and younger citizens very difficult or even totally impossible. The main reason for the observed conflict of generations within the domain of mobility is bad communication between different generations’ members - mobility requires agreement, agreement requires understanding, understanding requires communication. The second reason, as highlighted by seniors, are differences in general life attitudes.

However, in contrast to the general social attitude, the atmosphere in the close neighbourhood seems much more supportive. Family members and neighbors usually support elderly people, thus mitigating their mobility problems. While in the experts’ view the “social atmosphere” (that surrounds senior citizens) is rather unfriendly and cold, seniors are able to differentiate between general social attitudes and prejudices (which are negative) and particular family members’ and neighbours’ attitudes (which are rather positive). That challenges the statements of the State of Art to some extent.

**Technical perspective**

Technical aspects of moving around were known as very important factors determining senior citizens’ mobility. This hypothesis was confirmed. The list of problematic aspects of traffic environments was extended on the basis of the conducted studies (IDIs and FGIs). In the opinions of seniors and experts participating in our study, road infrastructure in Poland is really poor: curbs are high, sidewalks, roadsides and crosswalks are narrow, slippery or lacking, road traffic signalling is poor. The opinion about the process of adaptation of public buildings to the seniors’ mobility needs is also very critical. There are high stairs, slippery floors and uncomfortable accesses inside public places.

According to the SIZE State of the art analysis, different conditions, chances for mobility and problems with mobility should be expected with regard to different living areas. This was well confirmed. Whereas the main problem in suburban and rural districts is poor infrastructure and lack of any road-safety devices, in urban environments the high density of traffic causes traffic jams that make driving cars very difficult, and cause problems for public transport users and pedestrians. From a technical perspective a lot has to be done to improve mobility of senior citizens, firstly in planning (urban development is now chaotic or goes in the wrong direction), and secondly in applying new technological devices appropriately to the specific living conditions of different groups of the elderly.
However, from a technical perspective, the most important finding is that both senior-citizens and expert groups appreciate the progress in the area of adaptation of public transport means to senior citizens' needs, which can be identified during the recent years. Both seniors and experts pay a lot of compliments to modern, low-floor buses and trams. But they also still complain about a big number of high-floor vehicles. The public-transport means' level was not the only technical aspect of public transport and facilities that was mentioned by subjects of FGIs and IDIs. Good ventilation, heating, handrails, wide and comfortable seats, automatic doors, safety cameras, special wheelchair and trolley places were among the other mobility enhancements that were mentioned.

**Law perspective**

As it was claimed in the State of the art, Poland is a country of very intensive transformations. From the society where the most important value was society itself, Poland transforms to a country where individuality is a virtue. This transformation requires changes in law regulations. The new law has to guarantee certain rights to many different social groups in order to ensure legal and emotional security. Senior citizens form a social group that is still waiting for such regulations. Still, other problems then such regulations for elderly are more important for decision-makers. However, there are a lot of regulations with regard to the mobility of disabled citizens. Elder people (if disabled) sometimes benefit from these rules. But there are no laws concerning the mobility problems of healthy seniors. A lack of proper laws is also visible with regard to new devices that enhance mobility. There are only a few regulations concerning for example the problem of biking-paths design. Rules are insufficient in number and quality.

**What was suspected and then confirmed or challenged by the Focus-Group and Individual Interview data?**

One general finding revealed by the current study that expands previous observations is that senior citizens' mobility depends on the living area to a great extend. The living area differentiates a motivational structure of mobility. Moreover, the contribution of the area factor can be observed not only on that personal level, but on all other levels of analysis, that is: social, technical and legal.

**Personal perspective**

The urban area seems to offer senior citizens much more opportunities for an active style of life than other living areas. That includes more and better opportunities for dealing with everyday errands or household tasks like shopping, easier access to medical services, or a broader cultural offer (museums, cinema, theatre, educational offer directed to senior citizens, societies, etc.). Various sorts of seniors’ activities are facilitated by the smaller distances between various target places, better (or simply: existing) public transport, a greater number of target places (e.g., shops). While municipal public-transport systems usually include some sort of special offer for senior users, other types of public-transport systems hardly offer any special prices for seniors.

Regardless of the level of infrastructure and public services, living in the urban area is usually connected to a higher level of education, as well. Education seems to be another factor underlying senior citizens’ mobility. A higher level of education is usually connected to more opportunities to continue work after being retired. Yet, elderly people with a higher level of education usually present themselves as people who have broad interests (e.g., painting, writing, or music).
As a consequence senior citizens living within the urban area seems to be much more mobile than seniors living in rural areas.

**Social perspective**

As suspected, it seems that negative social attitudes toward senior citizens depend on the living area to some extent. The rural-area senior participants of our study perceived the atmosphere as much more positive than seniors living within the urban area. This fact corresponds with psychological observations that smaller societies usually generate less violence and closer relationships between people.

Within this area of analysis, senior citizens participating in the current study highlighted the need of a change in education. This change should be targeted at young peoples’ attitudes toward seniors. According to seniors, changing the negative attitudes of young(er) people by using educational measures is possible. This purpose should be included in social policy of the country.

In parallel, in the opinion of senior citizens, social policy should include measures which would prohibit some specific processes that are perceived by senior citizens as propagating negative attitudes toward them. Those include for example rules against “ageist” commercials. At the same time, some social commercials highlighting specific aspects of ageing and, thus, propagating the proper attitudes should be included into the state social policy.

**Technical perspective**

As revealed by the present study, there is an apparent discrepancy between the urban and the rural infrastructure. This discrepancy was expected on a basis of high financial differences usually observed between the two types of settings. Thus, technical aspects of mobility (i.e., road infrastructure) are better developed within the urban areas than within the rural ones. Rural area problems seem to be neglected by experts, who are usually focused on the urban infrastructure. On the other hand, expectancies of seniors living within the two types of environment seem to differ, with higher expectations of the inhabitants of urban areas toward governmental and municipal services.

**Law perspective**

Similarly, a problem of legal regulations concerning elderly residents in rural areas is hardly recognised. Thus, specific needs of this type of population should be analysed more thoroughly in the future.

**What was new that was not previously suspected?**

According to the data of the current study, there are at least three major issues that have not been recognised yet. Those include the issue of the role of faith as a motive for mobility, the problem of distribution of information and the problem of public representation of seniors.

According to the data revealed by the current study, one of the important motives for seniors’ travels is pilgrimage. This type of travels has many advantages from the seniors’ perspective: they are usually cheap, well organised, and most people participating in such events are of a comparable (old) age. Senior citizens in Poland are mostly deeply religious. Thus, this type of seniors’ activity should be supported in the future.
One of the major problems revealed by the current study is the problem of the lack of information for senior citizens. Seniors are not aware of opportunities and rights they could benefit from (e.g., special offers, specific public regulations, etc.). They also hardly know where this type of information should be searched for. When asked about the preferred ways of distributing this type of information (e.g., on television, radio, local newspapers), they showed no specific preferences. That clearly shows that the problem of an access to the information for seniors is not the one to be solved easily. Problem awareness seems to be low among the interviewees. Some seniors participating in our study do not see the need of having public representation at all.

In contrast to this, the majority of participants from both senior and expert groups highlighted the need of contact between seniors and decision makers ("experts") within various areas: government experts, public transport experts, etc. Testing new designs in order to make sure that they are appropriate for the seniors is one of the examples of such a need of contact. Organisations which would represent seniors on the public debates could deal with such problems.

Senior participants of the current study revealed a need of the access to specific types of information, namely more general information concerning ageing and some specific activities which would help to deal with the problems connected with ageing. According to them, the state should be responsible for propagating this type of knowledge, which would help citizens to cope with these problems. At the same time, efforts should be made to make the whole society more sensitive for senior citizens’ problems.

The problem of the lack of senior citizens’ public representation is to some extent solved by a presence of various associations for disabled people. Those associations seem to be quite active in representing the needs of their members, working on specific law regulations, which would facilitate disabled people’s lives. As it was said before, some of those regulations are appropriate for senior citizens as well.

The corresponding problem revealed by the current study is the issue of the senior citizens public representation. According to both groups under investigation – seniors and experts – the population of senior citizens is not represented on a public forum. Thus, there is no institution or society, which would be perceived by senior citizens or experts, as focusing on elder peoples’ needs and interests, and the influence of current seniors’ organisations is perceived as not sufficient. According to the senior group, the main reason for this problem is a lack of power of elderly people caused by their poor financial conditions. Such a situation limits the opportunities for solving problems for this group of citizens. The second corresponding problem is an attitude of senior citizens toward society in general and members of various decision-maker groups in particular. The seniors in the IDIs and FGIs, in spite of realising that there is no representation, do not consider it necessary to have such representation. Maybe, they do not believe that things can be changed. It seems that it will be very difficult to facilitate senior-citizens’ public activities without changing this negative attitude.

**Implications of data for decision–making or policy–making**

One of the most important implications of the present study is a necessity for scientific research programs on senior citizens’ mobility problems. Lack of investigations make the knowledge of these problems rather colloquial. Thus, expectations for implications of the results of carried-out investigations in the field „decision and policy making” are untimely. Practical application of the scientific results is also impossible unless these results are gathered. However, the carried-out investigations will surely exert some influence on the direction of further works in the coming years. The SIZE Workpackages 3 and 4 seem to be
good examples of such studies. Seniors and experts participating in the current study commonly noticed this in formal and informal remarks.

The legal domain is one of the greatest importance. A lot has to be done to improve the mobility situation with regard to legal regulations. There are some rules concerning the mobility of disabled citizens. However, there are no such regulations concerning the mobility of senior citizens. The lack of such rules was commonly mentioned as one of the main limitations for the mobility of elderly citizens. This is declared either as a general limitation or a limitation to specific topics, as for example planning urban area development, designing bicycle paths, or adapting public buildings to citizens’ needs. Useful measures are not implemented because of the lack of regulations. Laws are lacking because mobility needs of seniors are not recognised, not least due to lack of the scientific studies, and at the same time there are no powerful organisations (state or social) that are able to call for new regulations and to see to it that they are respected. Thus, the state should support any senior citizens’ organisation formation to a greater extend. Also, ensuring a maximum level of opportunities for creative work for seniors should be supported. This would have significant influence on their health and mobility.

But first of all, the state has to take care of the financial and health situation of senior citizens. If they had had enough money, senior citizens never would have problems with their mobility. They would also have fewer problems with their physical and psychological state. Gratuitous public health services do not work properly and do not help elder citizens with their problems as it should be. Only private medical and rehabilitation services care is effective. However, seniors do not have enough financial resources to use these services privately.

**Recommendation for future research**

In connection with the topics analysed in SIZE, further investigation programmes should include:

1. Investigations concerning positive effects of welfare policy for seniors making use of the SIZE experiences
2. Demographical investigations for the group of seniors and their division according to age
3. Investigations of the state of health of seniors with relation to the age groups in different countries
4. Investigations in the field „gerontology architecture“ aiming at the propagation of good-practice examples.
5. Investigations concerning economical effects of improvement of seniors’ mobility.

In future projects further investigation programme should include:

1. Investigations concerning technical progress concerning the creation of aid-equipment that helps seniors to maintain their mobility.
2. Investigations connected with the revitalisation of living areas and existing building complexes (block-complexes) in which seniors live, aiming at inter-generational integration.
3. Investigations on “intelligent buildings”
EXPERTS – MAIN FINDINGS

General Issues
The mobility of seniors is not a prime topic in the Czech Republic, so most of the interviewed experts were not focused on seniors in their profession. In interviews they therefore issued from experiences of their senior friends, relatives, neighbours or problems of seniors observed in everyday life, related to their profession.

The conditions for mobility in the Czech Republic were generally considered very unfriendly towards seniors, and not only seniors – also other citizens with impaired mobility, including, i.e. mothers with baby carriages. Most experts agreed that when a senior is not perfectly fit, he/she is in a bad situation, because infrastructure, legislation and services are not helpful. Those seniors who live alone and cannot rely on help of their relatives or friends are in an especially hard situation and often must turn to some form of protected habitation, although in other aspects they are still self-reliant. Such form of living hereafter suppresses their activities and abilities.

Aims and motivations
As typical aims of seniors, respondents specified first of all doctors’ rooms or health centres with pharmacies, and also various offices – as places where seniors simply must go. Very typical are also shops and supermarkets, but here are more functions of such trips observed – it is of course purchase of the things they need, in local shops, there is also the aspect of meeting neighbours and having social contact in general, and concerning supermarkets, there is often a popular “sport” of some seniors of making the best bargain. The last aspect was considered to be a cause of a sizeable increase of mobility of a considerable group of seniors, because they often tour all supermarkets on the periphery of the city to do their everyday shopping (but although the economic effect is insignificant, it supports (physical?) fitness).

It was often mentioned that many seniors would like to go also to a theatre, a gallery, a concert, or to see friends, but those seniors whose mobility is in a way limited rather stay at home (for the reasons described in the previous paragraph) and only go out when they necessarily have to.

Some younger or more efficient seniors are found to enjoy tourism, both individual trips and excursions organised mostly by local clubs of seniors – this is of course also a social occasion, not only tourist experience. Less efficient individuals make only short walks, their aim is often a local park or other meeting place, possibly a cemetery or another quiet place where they can take a little walk, sit on a bench and meet each other.

As motivation to go out is therefore considered first of all a need to get to doctors, specialists; seniors are supposed to have a lot of chronic and incidental diseases. Another motivation often mentioned was the need of social contact, but this one is supposed to be often unsatisfied. Having family and especially small grandchildren is considered as a very
strong motivation that might keep a senior fit and mobile. Some seniors are also motivated with longing for education and new knowledge, some walk to stay fit.

**Limitations**

The interviewed experts talked mostly about limitations of mobility of seniors that are imposed by the environment. As limits that are given by age they considered deteriorating senses, health and both physical and psychical fitness, that all cause deteriorating orientation, less steadiness when moving, pains when moving, or disability to make longer physical efforts and certain movements, longer reaction time, more problems with adapting to new situations or getting information, loss of self-confidence and diffidence that prevents seniors from going out. Illness and pains of joints, backbone, generally worsened health and impaired orientation were the most often remarked.

Another problem mentioned was loss of interest of old people, lack of motivation to go out, some kind of bitterness and unconcern, sometimes neglecting of own health and fitness or, in contrast to that, overestimation of their own forces. Here belongs also the fear that a senior would be confronted with some sort of criminality, maybe even violence, or ruthlessness of fellow citizens. The disbelief in politeness and concern of other people, especially drivers, is sometimes very strong and seniors are, e.g., afraid to enter pedestrian crossings because they do not believe that car drivers will stop and let them go.

Relatively often the poor financial situation of seniors was referred to.

Although certain help of relatives was mentioned as positive, excessive care might also limit the mobility as well as lacking care.

The interviewees differed in evaluation of the situation in big cities and in villages. Some stated that the situation in big cities is more difficult, there are more problems with orientation, too much traffic and people, fewer possibilities to walk or use a bicycle. Others emphasised the fact that infrastructure for pedestrians is not better in villages and there is mostly insufficient public transport, not speaking about accessibility of offices, health centres and other services that are often in quite distant towns.

**Attitudes and prejudices**

The attitude of Czech society towards seniors (and other groups of vulnerable citizens) was often indicated as a beginning of all problems. There had been a tendency in the Czech Republic, during the previous regime, to “hide” disabled people – in nursing homes or in their own homes that they could not leave because of omnipresent barriers. This tendency is, by opinion of the interviewed experts, still surviving in a way, although people maybe do not realise it. So when some decision is taken or a project carried out, the aspect of people with reduced mobility is hardly ever considered.

Beside that, general lack of respect towards seniors was mentioned, and unwillingness to deal with problems of people who are (meanwhile) a minority.

**Measures, and strategies of seniors**

There has not been done much to improve the elderly’s mobility, so the experts talked only about a few measures and said more about things that seniors themselves are doing to improve their mobility.
Considered as very important was an increasing (although very slowly and insufficiently increasing) proportion of low-floor vehicles in public transport. Unfortunately, it concerns only some localities and even there, the appearance of such vehicles is still taken as a rarity.

In cities, special lines with vehicles adapted to needs of wheelchair users are introduced, so they can use these, if no low-floor vehicle is included in the regular public-transport lines in their places of living.

Most vehicles of public transport are well labelled now, with the number of line and destination well readable, while the names of actual stops are announced. Again, this unfortunately is only true in public transport within big cities.

On pedestrian crossings equipped with traffic lights, there is also acoustical signal to help sightless people or people with poor eyesight.

In some cities, there is a preference of public transport in traffic, which is good also for seniors as frequent public-transport users.

In few localities, the effort for traffic calming with better infrastructure for pedestrians and cyclists can be observed. This trend is not very widespread yet, but in these localities, seniors more than other citizens have a use for more clear and slow traffic, comfortable pavements and pedestrian zones without barriers, well designed and safer pedestrian crossings, possibilities of safe cycling, and also well equipped stops and stations of public transport, including refuges adapted for low-floor vehicles.

A good traffic-information system (which also appears only in a few individual towns) is of help, too.

There are also some social benefits for persons with reduced mobility, that are assigned to help the person in question or his/her relatives to keep a car. Nevertheless, it is very difficult to get the benefits and the amount was considered by interviewees not to be high enough.

Seniors themselves, as stated by the experts, improve their mobility by systematic care of physical and psychical health and fitness.

Especially higher age groups use mostly public transport, that is not very expensive and there are reduced prices for seniors. Those who are still driving a car do it in a most economical way.

More lucky individuals use help of their family or friends. Concerning ad-hoc assistance, seniors can rely on consideration of fellow citizens in the streets, fellow travellers or drivers in public-transport vehicles.

Some seniors are trying to improve their overall situation. They are active in public discussion about local traffic regulation, they try to push the interests of seniors by themselves or in the frame of seniors’ associations.

**Users of various means of transport**

**Pedestrians**

Walking is considered to be – beside the use of public transport— the most frequent form of mobility of seniors, and at the same time, the activity that brings most troubles to seniors.

Although it was generally agreed that walking is an activity that is beneficial for seniors’ health, it is free and should be accessible to almost everybody, some factors make it a very difficult, painful and even dangerous (also from traffic safety point of view) process for those seniors whose mobility is already in a way impaired.
The main problem for senior pedestrians, especially for those who have to use some tool like stick or crutches, are barriers of all kinds, not only in the streets but also within buildings where the seniors need to go.

Pavements usually are not wide enough and sometimes (namely in villages) are entirely missing. The surface of pavements is rough, sometime slithery, curbs are too high and insurmountable, here and there are stairs where it is not necessary to have stairs. Pedestrians are confronted with temporary barriers, like building works and coffee gardens that occupy all the width of the pavement and the walker must go around using the road. Maintenance, especially winter maintenance is often poor, snow and ice are frequent causes of injuries of seniors.

Another stumbling block is the equipment for crossing streets. In cities pedestrians often meet other types of barriers, for instance when pedestrian crossings are replaced with bridges or, more often, underpasses. For seniors this means considerably longer ways, not speaking about stairs that are the only possibility how to get to older types of underpasses. Underpasses themselves are often dirty, not sufficiently lighted and (not only) seniors are afraid to use them. They often rather choose very risky ways across roads without pedestrian crossings.

Even if there is a possibility to use a zebra crossing, it is stressing. Pedestrian crossings are rare, not suitably located (in places where nobody needs it, while on places with frequent passing they are missing; their location is unsuitable also from a safety point of view, in blind sections with high speed of traffic), dangerously designed and in fact mostly do not protect pedestrians. A zebra crossing leading over several lines, without isle or any other safety elements, is not an exception. Beside that, the maintenance is not sufficient and vertical traffic signing is sometimes missing. We can still find barriers in form of high curb of the pavement, in winter also blocked by snow piled on the verges of the road even at pedestrian crossings. Behaviour of drivers approaching the crossing is unfortunately incalculable, although the preference of pedestrians on crossings is given by law; it was often mentioned by interviewees that behaviour of pedestrians, including senior pedestrians, on crossings is sometimes irrational. In case of traffic lights, the green phase for pedestrians is often too short.

In big cities, there is also a related problem with tram refuges. Similarly to pavements, they are too narrow (which is very unpleasant and even dangerous in connection with the high speed of passing cars) and impassable, not adapted to low-floor trams, and the pedestrian crossing is usually only on one end of the refuge. People coming from the opposite side naturally want to avoid going around (and this is valid especially for seniors) and take a risk at crossing the road off the pedestrian crossing.

There are also barriers in buildings where elderly need to go (offices, shops, even health centres and many others). There are stairs at entrances and inside the buildings, lifts are missing, doors are heavily manoeuvrable or too narrow for wheel chairs. The experts reminded that although we have a law that should provide that there are no barriers for mobility-impaired people, this does not refer to objects built before introducing the law, there is no legal duty to adapt them. Concerning new buildings, the law should be respected, but there are too many exceptions given.

The problem of too many exceptions also appears with respect to pedestrian zones, where many cars park or drive, as if the zone had not been pedestrianised at all.

It was also mentioned that the character of traffic layout of supermarkets and hypermarkets discriminates pedestrians and public transport users. The arrangement of pavements, locations of pedestrian crossings and other details do not ensure comfort of pedestrians, and
moreover, there are often places with significant concentration of traffic accidents (with pedestrians involved) in proximity of hypermarkets.

Apart from technical conditions, senior pedestrians might feel, according to experts, anxious because of other people, especially drivers of cars passing by. When the pavement is narrow and cars are therefore driving by in immediate proximity to pedestrians at a high speed, particularly people with deteriorated stability of walking feel endangered and uncomfortable. Particularly difficult situations arise when a senior needs to cross the street – ruthlessness of some drivers was already mentioned in the paragraph about zebra crossings. Many drivers do not stop when a pedestrian evidently wants to cross the road, they sometimes even tend to accelerate. Real danger awaits the pedestrians on crossings over several lanes: in the first lane, a driver lets them pass, in the second lane, another continues driving. Well mobile people mostly manage to recoil, but the same is not always true for seniors. Moreover, seniors are usually so sceptical about politeness of drivers (and people in general), that they do not enter the crossing even in the case when the car already stopped, which contributes to mutual misunderstanding.

In addition to drivers also other road users cause distress of senior pedestrians, like other pedestrians walking quickly or running, skateboarders, cyclists on the pavement, etc. Seniors are also considered to be afraid of various kinds of criminality that might happen during their walk, especially robbery and other violence.

Some improvements of conditions, especially in the arrangement of traffic layout, were already achieved (traffic calming, removing of barriers), but unfortunately such improvements are rather sporadic and unsystematic.

Public transport users

A “typical senior” was regarded as being a public transport user in the interviews. This is true according to all we know (namely for higher age groups), but although this fact is generally known, public transport is not very friendly towards seniors, although recently some very slow improvements can be observed.

The point that was discussed most often concerns low-floor vehicles in public transport. It concerns both transport in cities and on the countryside. The proportion of low-floor vehicles has been slightly and very slowly increasing recently in cities (maybe it is exaggerated to speak about proportion, rather to say that the number of sporadic low-floor vehicles is increasing), outside the cities the fleet remains almost the same, very seldom a new type of bus can be found. Concerning trains, the fleet has not changed at all, but in some localities with an appropriate type of electric currency there have been low-floor units functioning already for many years. Nevertheless, in most railways the design of trains is more or less unfriendly to people with reduced mobility, not speaking about inflexible services of the entrepreneurs. When a wheelchair user needs to travel somewhere by train, he must ask several days before for installation of a special ramp, and undergo complicated bureaucratic processes.

Other major problems are high stairs at the vehicle’s entrance, insufficient handles, narrow doors, and within the vehicles, again not enough handles for those who have to stand, or handles in wrong positions (e.g. for small persons). The number of seats reserved for mobility-impaired persons is not sufficient and vehicles are often overcrowded, although most seniors try to avoid rush hours. Some seniors have problems with buying tickets (prices, automates).

The problem of barriers also concerns infrastructure, as it was already partly mentioned in the paragraph about pedestrians. Even if there are low-floor vehicles the refuges usually are
not adapted to them, so the efficiency is limited. This applies to transport both in cities and in villages. In cities, the design of terminals is difficult. For changing lines passengers often must walk long distances, cross busy roads, there are barriers like underpasses, curbs, the orientation is often relatively difficult. Similar problems arise at big, important bus and railway stations that hardly ever underwent a renovation. The smaller stations and stops represent the same problems in a smaller scale – old refuges, old underpasses equipped only with stairs, lack of escalators or lifts. A small part of stops and stations is presently being reconstructed in a more user-friendly way, but only at main railway lines.

The equipment of stops of public transport was considered to be poor, both in and outside the towns. Often there are no benches, no shelters, no ticket selling machines, the timetable is missing or destroyed, etc.

The timetables and information systems in general were often mentioned as a stumbling-block. The experts pointed out that there is no united system of transport information in the Czech Republic, nor are there any basic rules. Every town and every transport entrepreneur have their own system, with different layouts of schedules (generally the fonts used are too small and hardly readable for persons with poor eyesight), different abbreviations and codes used, different places where the information is available, different distribution of information. Even if the senior manages the system in his/her place of living, he/she has a problem when he/she comes to another town. Concerning labelling of the vehicles, it was considered to be good and readable in cities (moreover, the names of approaching stops are announced in some vehicles) but very poor outside cities; labels on the stops were considered insufficient in all cases (mostly much too small).

In relation with public transport also the financial question was discussed. Part of the experts agreed that the public transport is financially affordable for seniors, another part meant that it is still too expensive for this social group. The system of reduced prices was criticised again as not united and not clear enough.

The density of public transport in cities was assessed rather positively, although even in cities there are places where the frequency is not sufficient and public transport stops are distant from settlements, direct lines to the centre are missing and connections are poor. More problems were found in small towns and especially villages; in some small villages, a bus comes two times per day, none at the weekends, some other villages have a railway stop, but this is in a distance of 2 – 3 km from the settlement.

For the stated facts, less mobile seniors using public transport often have to rely on thoughtfulness of fellow-citizens: to give them information, to help them with entering and going out of the vehicle, to offer their seat, to mark the ticket for them. The driver should have patience and politeness and wait until the senior enters and is safely seated, and prepared to help in case of problems. Although people mostly do so if it is needed, ruthless behaviour is also quite frequent, especially by teenagers, but not only by them. On the other hand, some seniors can be found who are not very polite themselves and “enforce” the thoughtfulness of others in an aggressive way.

Again, the fear of criminality was reminded of; thefts in public transport vehicles are quite frequent.

**Cyclists**

Cycling as a means of transport is almost exclusively used in small towns and villages. In cities, even when there is some infrastructure for cyclists, cycling is mostly a concern of younger people.
There has not been much discussion about this point, because cycling was not considered as important in relation to seniors as walking and public transport using. It was reminded of that the natural character of terrain in the Czech Republic is very often suitable rather for young, efficient cyclists who use the bicycle as a sports-equipment. But there are also places located in flat terrain, where the dwellers of all age groups use the bicycle as their everyday means of transport, and in some cases a bicycle is great help for seniors who have problems with walking.

It was generally agreed that there is not enough infrastructure for cyclists, especially in cities. There are some paths for cyclist, but often not suitably located and not long enough (leading “from nowhere to nowhere”). In addition, the legislation regulating mutual relations between cyclists, pedestrians and cars is not sufficient and clear. Traffic environment in general is not very friendly towards cyclists.

**Car drivers**

With growing age, seniors are giving up driving a car both for health and financial reasons. To those who are still driving were ascribed specific problems that are, on the other hand, more or less balanced with rich experience. As mentioned above, this was a standpoint of younger interviewees; those who were already in senior age themselves, tended to think that problems of senior drivers do not differ from problems of other drivers. It was eventually agreed that if a senior still has a possibility and ability to drive a car, it is a great advantage for him.

The economical aspect of using a car was discussed. Seniors who are not already economically active have problems to finance running a car; they therefore avoid unnecessary travelling and drive in a most economical way. Those who manage to prove that they need a car to compensate a physical handicap can claim some social subsidies (this can also be used when the person itself does not drive a car, but has somebody who gives him/her a ride).

Drivers in senior age have to undergo medical examination every two years, and there were discussions whether it would be useful to have this more often. It was then agreed that the interval is sufficient, but the examination should be more thorough. When a senior himself systematically takes care of his health and fitness and compensates e.g., for deteriorating senses, in time (new glasses etc.), he/she is not more likely to cause an accident because of healthy reasons than younger drivers. As a main problem of senior drivers a longer reaction time was pointed out. This could be compensated for to a certain extent by more experience and better anticipation than younger drivers have.

The role of traffic environment was mentioned most often. There are imperfections in road design that menace everybody; older drivers were said to be more sensitive to such mistakes. Especially exaggerated width of roads that causes speeding and bad orientation, too broad, unclear crossroads, visual obstacles (bushes, advertising boards...) and bad technical state of roads were mentioned. Mistakes in traffic signing were also referred to; poor navigation help and too much unnecessary information; too many thriftless traffic signs but also advertisements and other confusing objects in the proximity of roads. It was also reminded that increasing density of traffic might be stressing for senior drivers, and increase the aggression of drivers.

Traffic calming, good maintenance of roads, good traffic signing, clearness of road design are of help for seniors (as well as others).
Which measures are necessary to improve the situation?

The interviewed experts listed a range of measures and improvements to be done, concerning mostly the technical and legal conditions for arrangement of layout, improvements in public transport, but also information systems, services for seniors, or work of traffic police.

It was recommended to create a kind of map or guide in every town or locality, accessible to anybody, that would help to citizens with reduced mobility to plan their journeys (information about accessibility of various places, where barriers are, where they can get by themselves and where they would need an accompaniment etc.).

Accessibility of aims typical to seniors was discussed. One of the suggested measures is support of small “corner shops” that are nowadays rapidly vanishing and seniors are therefore losing the possibilities to do their everyday shopping in close proximity to their place of living. The municipalities should support the existence of such shops by cheap rents. It was recommended to follow accessibility already in physical planning: a regulative plan should determine such arrangements which ensure that barrierlessness could be easily achieved; i.e. not to locate shops or health centres and offices at difficult positions with bad accessibility, important destinations should not be located far from the habitation, at easily reachable places with good public-traffic coverage.

Because some seniors still would not be able to get to those facilities even if accessibility was good, services “to the house” should be ensured in such cases, and mobile medical rooms should be supported or the transport of seniors to health centres should be ensured when they need to consult a physician. It would allow the immobile seniors who nevertheless want to be self-reliant to stay at their homes and not to live in nursing houses.

For those seniors who cannot rely on help of relatives, assistants should be available for moderate fee, that would escort the senior anywhere. More investments should be allocated to salaries and education of these assistants, to keep a certain level and prestige of such jobs.

Similarly, a kind of social taxi service should be introduced (regular taxi is too expensive for seniors), or rather a special bus or minibus line for seniors, that would be called up.

Activity, interests, self-confidence and integration of seniors should be supported in all possible ways, mostly on municipal level (integration in municipal activities and decisions) and also through improvement of attitudes of society towards seniors by education in schools, families, in the media; keeping seniors within their families should be supported by social policy measures. The system of health care for seniors should be improved, support should be given to systematic provision of psychical and physical fitness from “early” senior age (legislative measures and health-insurance policy). Pensions should be stabilised and the decrease of the living standard of seniors should be stopped.

A system of traffic education for seniors (car drivers as well as other means of transport users) should be introduced; courses could be realised in existing senior clubs.

Many statements concerned enforcement of traffic law and law in general. In this context, power and authority of traffic police should be increased (again) and its work should be improved.

Concerning traffic infra-structure, the needs of seniors should be considered in every project; safety aspect, barrierlessness, cleanness and readability should be consistently followed from the very beginning. This could be partly ensured by more consistent enforcement of law about barrierlessness, with “no exceptions”. It should be related also to old constructions. Barriers should be removed from such buildings. Further concrete measures proposed in the
area of safety and comfort are: to adapt refuges to low-floor vehicles (trams and busses), to make refuges easily accessible (no barriers, pedestrian crossings on both ends), to retreat from bus stops of bay type and support stops on pavement adapted to low-floor vehicles, to elevate pedestrian crossings in such a way that pedestrians do not need to step up and down, to build pedestrian crossings with supporting elements like isles and elongated pavements, to improve laws and regulations, e.g. concerning pedestrian crossings, to improve the configuration of light phases at crossings: longer green for pedestrians, to ensure barrierless crossing of roads, to reduce speed limits and real speeds of cars next to pedestrian crossings and refuges, to build more pedestrian zones and infrastructure for cyclists, and to devote more attention to traffic calming in general. In case of localities with extremely high accident rates, the administrator of the road network in question should be responsible and should be obliged by law to eliminate such black spots. For car drivers, improvements of navigation help would be useful.

With regard to the traffic safety aspect, doctors who issued confirmation of fitness to drive should be made responsible for accidents that happened due to poor long-term fitness of senior drivers.

For public transport, the government should support purchase of low-floor vehicles both in economic and legislative ways. Financing of public transport should be generally improved. Public transport entrepreneurs should devote more attention to the training of their drivers, not only to improve driving the vehicles but also to improve their attitudes towards passengers. Equipment of public transport stops should be improved (shelters, benches, lights, information...). Obligatory regulation of information systems in public transport should be introduced, including details like size of types and graphical arrangement of timetables, use of abbreviations, position of timetable on stops. Also the system of reduced prices should be united, or free public transport for higher age groups of seniors should be introduced.

**What prevents measures from being implemented?**

Some of the obstacles discussed were already mentioned in previous paragraphs. As one of the basic obstacles ignoring the problem by decision makers and the public was pointed out, in other words lack of political will.

This is caused partly by a kind of inertia of thinking. During the previous political regime, the persons with a physical handicap were hidden at nursing homes or their homes, their appearance in the streets was not supported, and now it is unusual for some people to consider the aspect of persons with reduced mobility. Moreover, in traffic planning, the general tendency towards solutions which are friendlier to cars (to speed and fluency, not to safety) than to pedestrians or any vulnerable road users still remains.

Another reason often mentioned is the corruption of officials in various positions.

Many interviewees meant that financial benefits for and needs of minorities simply are not in the centre of public interest.

More concrete comments concerned the lack of communication between decision makers and the population in question – seniors – and eventually the lack of communication between different authorities themselves. There are legislative problems. The wording of many laws is erroneous, unclear, enforcement is lacking (poor effectiveness and misbehaviour of police was mentioned in this context) and too many exceptions are given.

Most statements concerned financial questions – lack of finance in general, erroneous use of public finance, spending money for unnecessary things; it was also mentioned that very often there are possibilities to reach some sources for solution of a concrete problem, but
the administrative procedure is so complicated that the municipalities or other bodies do not know how to get the money.

SENIORS – MAIN FINDINGS

General Issues
The interviews with seniors provided a more complex picture of the mobility of seniors than the interviews with expert could do. The interviewees saw the problems from within and did not reduce the image of “senior” to a retired person with deteriorating health and fitness and limited mobility. They were also a bit more positive, seeing the changing conditions in long-term perspective and realising also advantageous developments of some aspects.

Aims and motivations
As their typical destinations seniors mentioned mostly the doctor, administrative offices, cemeteries and some of them their job. Surprisingly, nobody talked directly about shopping, but we can assume that this is also one of the necessities, because several respondents mentioned that they appreciate when someone helps them with heavy bags. It was pointed out that nowadays seniors really must be mobile, because today, neither doctors nor other services would “come to their homes”.

Concerning other motivations, most often seniors mentioned that they go to see their friends or relatives. Many respondents use to go to their garden that is not in their place of living. Some people take care of their grandchildren, some go to the cinema, theatre or museum, very often trips and journeys with other seniors in the frame of senior clubs or short walks in groups were mentioned. This was also quoted as a strategy how to cope with age and stay fit. Travelling abroad appeared rather sporadically.

Limitations
It was generally agreed that seniors that are healthy and fit have no different mobility problems than the other population, but mostly managing the mobility situation was considered as difficult. Difficulties and reduced mobility are coming especially in case of illness or stableness of joints and backbone connected with pains, and diseases in general. Seniors feel limited also by poor orientation and memory, slower reactions, deteriorating senses, loss of weight and strength, decrease of self-trust and feeling of insecurity when walking, physical exhaustion, awkwardness, bad balance, stress from traffic, respiratory problems, fear of fall and injury, fear of acute illness or weakness on journeys, fear of complications on journeys (losing one’s way, etc.), ruthlessness or vulgarity of other people, etc. Also too much traffic, overcrowded streets and danger of traffic accidents cause anxiety, as well as the very often stated fear of criminality. Lack of money was frequently mentioned. A possible negative influence of weather on both health state and terrain was also referred to.

Very often the loss of interest, apathy, reclusion and indolence, bitterness and aversion to life were quoted as factors limiting mobility, but nobody told such things about him/herself, always about “some (other) people”. Similarly they talked about senility and problems with alcohol (not frequently stated). For themselves, seniors admitted a certain lack of motivation, of stimulation from children, grandchildren or friends, and a feeling of being useless.
Limits given by the environment (barriers, lack of information, behaviour of fellow citizens etc.) are included in paragraphs respective to every means of transport.

**Attitudes and prejudices**

Seniors often spoke about negative attitudes of younger people towards elderly, lack of respect, understanding and tolerance. Some of them took it with a certain comprehension as everlasting generation gap, other meant that bad attitude of society towards seniors, ruthlessness and egoism are getting worse, upbringing of children in that aspect is defective and the improvement of attitudes and behaviour toward elderly should be an object of certain measures.

As examples of problematic attitudes were mentioned ruthlessness of fellow travellers that do not offer their seat to seniors in overcrowded vehicle of public transport, that they do not help when they see that a senior has a problem, vulgarity and ruthlessness of some drivers of public transport and others that will be included in further paragraphs about individual means of transport. On a more general level, this attitude was seen as one of the reasons of the lack of consideration of seniors’ mobility issues in legislation, measures and projects.

**Measures and strategies of seniors**

Seniors appreciate improvements, or at least order in public transport, traffic layout and human relations. As conditions that enhance their mobility they named most often an increase of low-floor vehicles in city public transport, they appreciate improving punctuality of (city) public transport and the fact that in spite of certain difficulties, one can get anywhere in the Czech Republic with public transport. Low prices and especially reduced prices for seniors of public transport were mentioned, comfort in trains (if one manages to get on!), improving behaviour of drivers in public transport, seats reserved for handicapped persons in public-transport vehicles and announcement of names of stops in vehicles of public transport. The journey is more comfortable when the ventilation in vehicles is sufficient, handles are in the right places, toilets are accessible during journeys and information is sufficient and accessible.

Smooth terrain, skid proof and without barriers, helps pedestrians, together with safe pedestrian crossings, sufficiently long intervals of green phases for pedestrians at crossings with traffic lights, handrails, escalators and lifts at the right places, sufficient streetlights, well maintained roads and pavements (especially in winter time), pedestrian zones and enough benches in public places.

Both car drivers and pedestrians appreciate good traffic signing, signposts and information, traffic calming, and reduced speed of cars.

Expressions of good attitudes of society towards seniors, help and thoughtfulness of friends, relatives and fellow citizens, people helping with heavy bags or taking a senior somewhere in the car, mutual respect of drivers and pedestrians, company on journeys and presence of police at suitable places make travelling easier.

Easy accessibility of target places, possessing a car or having enough money supports mobility of individuals, as well as healthy legs or ability and possibility to ride a bicycle; help of tools like stick or crutches was several time mentioned.

Mobile phone, safe (visible) clothing and good shoes contribute to safety and comfort.

Seniors pointed out the fact that occasionally there are some adjustments in traffic that are according to wishes of seniors, some of them meant that there is sufficient representation of seniors in decisive bodies.
As a strategy how to cope with the mobility situation, seniors emphasised, first of all, the attempt to stay physically and psychically fit. An appropriate lifestyle, sport, walks and tourism, regular exercising and rehabilitation together with good medical care, interest in the outdoor world and optimism, were considered helpful. Most of them keep fit by doing household work, taking care of garden and animals, reading, watching TV and listening to radio, but also by making excursions and other activities, often with other seniors in the frame of senior clubs. Some are regularly going to the spa, and positive effects of modest consumption of wine were mentioned once.

As strategies used in everyday mobility, respondents mentioned careful planning of journeys, using help of friends and relatives, not travelling too far or staying at home as much as possible, following the economical side of things and using the most cheap means of transport, exploiting reduced prices. Drivers rather do not drive long distances. Some seniors prefer to take their time and walk because their handicap does not allow them to get on public-transport vehicles.

The respondents also referred to some seniors whose strategy is aggression, excessive pushing of own their demands and even provoking others.

**Pedestrians**

Senior pedestrians more than the rest of the population are bothered by omnipresent barriers. Most barriers that the senior respondents mentioned are already described in detail in the respective chapter in the experts’ part (barriers on pavements, in public buildings, refuges, underpasses, unsafe crossings, temporary barriers); apart from that, seniors more than experts emphasised dirt, trash, dog’s excrements, snow and ice on pavements, missing pavements in some localities, and poor quality of surface (especially those who are dependent on wheel chairs or other aids). Some of them mentioned also barriers in their own houses, stairs, ladders and other thresholds.

The interviewees concentrated more on the aspect of human relations. Ruthlessness of drivers passing by and at pedestrian crossing makes the seniors feel endangered, while the traffic police is not present at critical places and is not respected anyway. They also feel endangered by cyclists, roller-skaters and skateboarders riding on pavements.

They are stressed by increasing traffic, overcrowded streets, noisy trams and cars that are omnipresent also in the centre of towns and even in pedestrian zones.

**Public transport users**

Public transport, although highly appreciated as useful and improving, was the object of the highest number of comments.

First of all, barriers in vehicles of public transport were emphasised. High stairs (especially high in trains) without suitable handles, lack of low-floor vehicles, design of vehicles unsuitable for people with smaller stature were mentioned with respect to vehicles. For infrastructure, inconvenient refuges were mentioned and poorly designed crossings, and railway stations that make seniors walk long distances, cross busy streets, go through underpasses with high stairs and lacking lifts. In this context it was also said that buses often stop too far from pavement and the gap between curb and bus is hardly bridgeable for seniors, that also suffer from a lack of time to get on and off the vehicles at stops. This is of course partly a problem because of drivers that are often ruthless and vulgar. They do not wait until senior get on the vehicles and reach a seat, and they drive too swiftly.
In connection with public transport, again the human relations were referred to. Apart from drivers, also some fellow travellers are rude and negligent, do not offer their seat to seniors and do not help in case of a problem, especially teenagers.

Comfort within vehicles is good at some lines; at busy lines, vehicles are often overcrowded, which is intensified by people having big bags, rucksacks or even bicycles, and ventilation is often insufficient. Some vehicles, especially trains, are dirty. (In spite of this, and in spite of difficulties with getting on and off because of high stairs, and in spite of frequent delays were trains evaluated as comfortable, though). Seniors also have some technical problems, especially with handling tickets in city transport (buying, marking), but they are also unsure about opening doors in different types of vehicles.

Stops and stations of public transport were mostly seen as insufficiently equipped, with missing or destroyed benches, missing shelters and missing or destroyed timetables.

Seniors reminded that timetables on stops are anyway readable only with difficulties for them. Fonts are too small, displays or posters are often dirty or destroyed or placed so high that it is impossible to read them. Similarly, the labels on the buses, especially in transport outside of towns, are not readable and not suitably placed.

Information in general – timetables, information about connections, about reduced prices, etc. are insufficient, unclear and not well accessible.

In some places, especially in small towns and villages, but also in some parts of the periphery of cities, the frequency of public transport is insufficient, and/or the nearest stop is hardly accessible from the places of living. Connections to town centres or to other important goals are often poor, there is a necessity to change lines several time.

The prices of public transport were considered to be good, but there were nevertheless also comments that public transport is too expensive and that prices for seniors are not sufficiently reduced.

Cyclists

There were not many cyclists in the sample and those who practised cycling had not many remarks on it. Generally, it was agreed that seniors that are healthy and fit have no problems with cycling. In some localities, especially in cities, there should be more lanes for cyclists because otherwise they ride on the road and endanger themselves and car drivers, or on pavements where they endanger pedestrians.

Car drivers

The possibility and the ability to drive a car were seen as factors facilitating mobility in a significant way. Nevertheless, seniors that are already retired can hardly ever afford keeping and driving a car.

Regardless of the financial aspect, senior drivers were aware of limitations coming with increasing age, especially longer reaction times and more problems with deteriorating vision, especially at intersections. They relied on compensation by their own rich experience. Most of the comments concerned behaviour of other road users, especially ruthless behaviour of very young unskilled drivers in strong and expensive cars. Lack of competence of traffic police was also referred to in that context. Ruthlessness and carelessness of cyclists and pedestrians on pedestrian crossings were discussed, as well. It was stated that there are too many crossings and pedestrians have no discipline in crossing, and this hampers traffic fluency.
Which measures are necessary to improve the situation?

The proposed measures reflected the previously mentioned problems. Most of them concerned various aspects of public transport, information systems, safety and comfort of pedestrians, enforcement of traffic laws, and social policy in general.

Many proposals were rather general and concerned improving attitudes towards seniors. Most often this was referring to the upbringing of children and youths at schools and in the families, also in driving schools, so they would respect seniors. Others recommended more communication between generations, transfer of experience – more contact of seniors with their grandchildren, to improve the position of seniors in society, to integrate them. Some commented the behaviour of seniors themselves – they should improve their own attitudes, and their behaviour should be a model for younger people.

In relation with the moral state of society, it was proposed to replace current decision makers with people of high morality.

More constructive were reminders asking higher quality of social care and more investments into education and salaries of nurses and assistants, higher pensions for retired people, more attention to the development of medicines and improvement of medical care, development of tools for rehabilitation and walking aids, more research and application of knowledge to practice in the field of mobility of seniors. One should also make local authorities respect the remarks of citizens, and improve the use of money by municipalities, transport entrepreneurs and the state. Very often the respondents asked for more enforcement of traffic laws.

It was recommended to give more social benefits to seniors: to ensure cheap transport of seniors from their place of living to the physician, to introduce a kind of “social taxi” or public transport to call, etc..

Seniors often wished to improve information systems. More information should be given concerning traffic and public transport, including various possibilities for seniors, in local media, in free publications in local offices, with the help of information leaflets to the households of seniors. Access to the Internet for seniors should be enhanced; more education, courses and lectures for seniors should be organised.

In public transport, more low-floor modern vehicles were asked for together with refuges adapted to low-floor vehicles. Better safety standards and the improvement of equipment of stops were mentioned. It is further necessary to provide cleaner public transport vehicles, more seats reserved for seniors and persons with a mobility impairment, more reduced prices for seniors, to increase frequency on busy lines, put more readable labels on buses and employ assistants that would be present in every vehicle to help, give information and solve pertinent problems. It was also proposed to motivate drivers of public transport vehicles (by rewards etc.) to be more thoughtful to passengers.

For the comfort and safety of pedestrians, some measures of traffic calming were proposed, e.g. new norms for building pedestrian crossings and for improvements of pedestrian crossing, more traffic lights on busy crossings, more pedestrian zones, reduced speed limits of cars close to refuges, measures to reduce car traffic in towns in general. Some comments referred to avoiding the development of, or removing barriers; stairs and heavy doors at entrances to buildings, slippery or rough pavements. Escalators and lifts should be installed where needed.
What prevents measures from being implemented?

We already mentioned some of the general obstacles that were discussed: a deteriorating attitude of society towards seniors, general ruthlessness, egoism in society, lack of will and tolerance, wrong upbringing of children (the behaviour of parents themselves is often a problematic model for young people), and general adoration and preference of youth.

Many respondents mentioned the previous in connection with comments on a general lack of communication between generations; the problem could in fact be a constant misunderstanding due to different experiences. Some said that seniors themselves do not push and defend their own interests sufficiently and are not willing to communicate. Maybe seniors are not enough represented in decision bodies (others, in contrast to that, meant that representation is sufficient), which causes lack of concern for seniors in laws and regulations. There are too many problems to be solved and needs of seniors are not prioritised, and moreover, “any measure always satisfies only part of the citizens”.

Interviewees also often saw the problem in a political and legislative environment with too many bureaucracy and unsettled features, others were critical towards people in decision positions. Indolence, ignorance and incompetence of decision makers, lack of experts in such positions and corruption were often mentioned. The enforcement of laws was seen as a problem because of a lack of power of, and respect for, the police.

Others pointed out that measures that are implemented follow economical purposes, not the benefit of the users. The general tendency of placing individual car transport before other means of transport was also reminded of.

The lack of professional pride of people working in public transport was seen as a main barrier to improvements in this area.

Also the lack of finances or wrong use of money were mentioned frequently. Only one respondent stated that nothing prevents measures from being implemented.

CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION MAKING OR POLICY MAKING IN THE CZECH REPUBLIC

Facts previously known or suspected and new findings

It could be said that the research only confirmed what was already known (or rather suspected, because any similar research was not carried out before). Interviews with seniors and researches did not differ significantly; seniors raised more issues and experts proposed more systematic measures, but the problems discussed were principally the same.

The most painful problem for seniors is crossing barriers. Physical barriers can be found everywhere - in the streets, in vehicles of public transport, in public buildings (technical details are described in paragraph 4.2). Destinations that are typical for seniors often are not at easily accessible places. Moreover, seniors meet the barriers in form of excessive bureaucracy, indolence, inflexibility and unwillingness of public employees. Social services are not adapted to these conditions and relatively self-reliant people often have to spend the rest of their life in nursing homes because of slightly reduced mobility that could be compensated for by simple measures.
The situation of seniors is complicated by the fact that higher age groups of seniors belong to the economically poorest groups.

The recommendations of measures of both seniors and experts concern mostly the improvement of the traffic layout, removing barriers, and increasing safety and comfort for pedestrians and cyclists, for public transport users and for drivers. Changes in the physical planning are asked for, and improved social services that would allow less mobile persons to live under better acceptable conditions.

**Implications of data for decision making and policy making**

The data obtained in this research provide for the decision makers important tools and challenges for planning improvements in the field of mobility of seniors. The areas where the legislation and financing should be improved are physical and traffic planning, traffic engineering, education, social care and social help.

The improvements are can be implemented on more levels: first of all a legislative platform should be prepared, then the concrete measures have to be taken to the level of the ministries, regional authorities and municipalities.
EXPERTS – MAIN FINDINGS

What experts think about current senior citizens’ mobility conditions. What experts say about needs, fears and routines in relation to elderly mobility.

Needs

Required and non-required mobility.

For some experts, the mobility of elderly people is conceptualised as “required” and “non-required mobility” (Metropolitan Transport Authority, 2003).

Required mobility is understood as all those trips whose destination is a place of work or study and the return trip home. On the other hand, non-required mobility corresponds to trips with ends different from work or study, and it is characterised by having a frequency and destination that is not necessarily daily or fixed. These are trips for the purpose of shopping, obtaining services, and leisure. This distinction is arbitrary, because there are other reasons apart from work and study that can be considered obligatory, such as going shopping or picking children up from school.

According to the experts, the elderly would mostly have non-required mobility. “For the elderly there is a change in the rhythm of life; they do other things, they no longer have obligations, they don’t have work-related stress.”

Even when the experts recognise mobility needs for medical-assistance reasons, the most referred-to reasons are those of leisure, outings and shopping. While the identified needs for assistance frequently require trips away from the home area, the daily shopping is rarely done in shopping centres, but rather in local neighbourhood shops.

Retired people frequently leave home everyday in order to cover three basic needs: do the daily shopping, go to the Senior Centre and go to the Medical Centre.

Although less basic but still considered frequent by the experts, are the outings to go visit family members, accompany grandchildren to school or run errands.

Other needs that are related to leisure but that play an important role are walking through parks, engaging in social relationships and occupying free time.

There are three types of mobility demands according to type of activity:

1. Those related to timetables of medical centres and other assistance centres, activities for which public transport is usually used, especially the bus.

2. Those that can be taken care of near their homes, primarily travelling on foot.
3. And those of the very old people whose mobility needs require the help of other persons or special vehicles for their trips: ambulances, taxi, private vehicles of others, etc.

Regarding the means of transport, the experts identify the following areas of concern: Adjusting the fares of public transport to the economic possibilities of the elderly and adapting the means of transport, including the entry points, stops and informative signs, to the limitations of the elderly, as they are persons of reduced accessibility (PRA).

Regarding trips made on foot, according to the experts the interests of the elderly must coincide with those of the Persons of Reduced Accessibility (PRA). In one of the groups of experts they especially emphasised that the arrangements made for the mobility impaired met the needs of the elderly and not the other way around.

Regarding older drivers, there is some idea of their difficulties, but only a vague one. “When you think about drivers, you think about the average driver”; ”We don’t know what their problems are, as there is no way to find that out. So what we have are beliefs, sort of personal impressions”.

**Other considerations of the mobility needs of the elderly**

According to the experts, the mobility needs of the elderly are at the same time direct needs for the society, from the point of view of public health, and they are relevant to the cultural and leisure public policy.

The needs of the elderly can be pretty heterogeneous, just like the elderly themselves. One group of experts made the following proposal: when one speaks of old age, one should distinguish between different social classes as they travel in different ways, have different interests, and even their family relationships are different. In the words of one of the group members: ”The elderly from higher social classes do not usually sign up for the group activities of their contemporaries”.

Needs can vary from one place to another: ”In this area, the elderly, in general, enjoy a good economic level, or they are people who had fields; if they had to, they sold them, etc...They usually travel a lot.”

**Habits**

In general, elderly people are perceived as active people, people who like making trips. ”They exercise, most of them walk one or two km daily. “ In their daily outings (either by public transport or on foot) they usually have concrete itineraries. They are usually short and repetitive trips within a limited area. They are always the same. They walk at a steady and unhurried pace, following fixed timetables. This is a description made by an expert attached to the local police services: “When old people go out, they know where they are going and they control the itinerary. They have studied it carefully. They go for a stroll in the park and they always go to the same park.”

**Changes following retirement**

The habits and strategies shown by the elderly are subject to controversy among the experts who were interviewed. For some of them, the elderly adapt to their new circumstances according to their conditions and faculties, taking up new activities such as going to the senior centre, taking trips, etc. Retired people, they say, go from routinely using their own vehicle to depending on public transport and going on foot. They use public transportation not only to move from one place to another but also to go for a ride, to pass the time.”
For another group of experts, retired people do not modify their basic habits: they continue doing what they did before; they follow the same itineraries, they do the same activities and, if for any reason, they cannot, they do not adapt or start doing new things, they simply stop doing what they did before. “People do not change with age, it is age that changes them.”

Driving habits

The majority of old people do not keep their driving licence or drive. However, the driving licence allows retirees to increase their mobility once they retire.

The opposite happens to those who do not usually drive. They do not show so much mobility, they are more dependent.

One of the characteristic habits of elderly drivers identified by the experts is their preference for driving in areas with little traffic, such as the outskirts of the city. From a gender perspective, elderly women make shorter trips than males and, several -male- experts agree that elderly women tend to drive less expertly.

Experts tend to agree that the elderly do not keep up or learn of changes in traffic regulations. They do not seem to be more disciplined than other drivers; they are more passive than young drivers; they are not imprudent but they travel more slowly, probably because they adjust their driving to their condition. Sometimes, this behaviour is seen to interfere with the normal flow of traffic.

Pedestrian habits

In some of the groups of experts that were interviewed, complaints about the way that the elderly behave in pedestrian crossings emerged. “Old people have acquired habits and that’s why they do not respect pedestrian crossings. They have lived in different traffic times and that’s why they have acquired these habits. It is difficult for them to adapt to the current circumstances. Deep-rooted habits rule their lives.”

Fears

Experts acknowledge that the elderly are a vulnerable group as far as safety is concerned. They find themselves more defenceless in unfamiliar areas, areas with bad lighting and during the evening hours.

But they also fear feeling claustrophobic in subway tunnels and even being confused when using the subway system.

Another source of fear is fear of falling. “I think they fear more the possibility of falling or tripping than the possibility of being run over”, remarked a civil engineer.

It seems that they also fear technological advancements, for instance receiving tickets issued by a machine, recharging their bus pass, using computers, Internet, etc.

“Noise bothers them more than speed”.

What experts tell us about the general limitations affecting the elderly in relation to their mobility conditions

Discussion makes some of the experts further reflect upon these issues and, deepening their initial analysis, they come up with new arguments such as: “Ageing conditions the seniors’ possible mobility since it limits their ability to adapt. It is a development that we technical people do not understand easily.”
Experts understand that some of the aspects that affect mobility the most are the progressive loss of functions, diminished field of vision, loss of hearing, difficulty in judging the distance from and the speed at which vehicles approach, difficulty in selecting relevant information from their surroundings, and difficulty in making decisions in complex situations. There is also an increased physical vulnerability and, therefore, a greater risk of injury and complications in the case of an accident, and a higher incidence of chronic disorders.

From the point of view more directly related to mobility, they find that they have problems raising their feet, problems with their reflexes, and problems with movement: “They are very slow taking a taxi, getting on the bus.”

Experts consider that the limitations affecting this group of people are quite varied. Many retirees are in excellent psycho-physical condition and they can manage on their own, whereas others need a person to accompany them when they leave the house.

According to the experts, it is their physical condition, rather than age, that determines the senior’s mobility options. “The truth is that, as you lose your faculties, it is more difficult to move, both as a pedestrian or as a user of a private vehicle or of public transport.”

An then they add: “They do not have the same degree of sensitivity; they have different visual problems; they cannot overcome obstacles that represent no problem for other people. This is what turns mobility into a problem.” And they ask themselves questions such as: “Is it the legal retirement age that determines what constitutes an old person?”

The group discussion initiated a debate about whether the elderly should be considered different from the handicapped as far as mobility planning is concerned. It was noticeable that the experts do not feel entirely comfortable with the fact that it is the elderly who are the centre of attention when discussing mobility issues. This has traditionally been a space claimed by the mobility impaired. A certain confusion arises when the idea that the elderly may have qualitative or quantitative limitations different from those of the mobility impaired comes up spontaneously.

The experts who considered the elderly to be a qualitatively different group from the mobility impaired identified common limitations and characteristics among them, such as: delayed reactions, slower reflexes, diminished alertness, decreased general physical strength, and less motivation and desire to overcome difficulties. The experts who argued along these lines pointed to the fact that young handicapped people suffer handicaps in very specific areas whereas there are no problems with their other abilities. The elderly suffer a global degenerative process. In any case, young disabled people also age.

The distinction between a mature person and an elderly person or “very old person” is strikingly clear in the following remark by one handicapped expert: “Some of them are in better condition than young people! It provokes me that they speak about the mobility problems of older adults. It may be that some of them have this type of problems when they reach 80. Until people are 75 years old we should not refer to them as elderly.”

There was very little agreement on the issue of elderly self-awareness. For some of the experts, seniors in general are not aware of their limitations. Others believed that seniors adapt as they lose their abilities.

The decline in physical ability is one of the reasons why some elderly people stop going out or moving, even though it is not the only reason. Keeping one’s driving licence and maintaining one’s ability to drive can alleviate this problem. ”My father, who is 73 years old and has had heart surgery, can hardly walk 100 m before he has to sit down and rest. However, he can still drive. If he has to travel, he does it by car.”
What experts say about attitudes, conflicts and prejudices affecting the elderly in relation to their mobility conditions

Experts believe that society’s attitude towards the elderly is respectful. Nevertheless, they also find some signs of rejection: “There are people who do not want to sit next to them in some places; we push them aside a little bit.”

How the elderly are perceived in relation to road safety

While people’s attitudes towards the elderly are respectful, kind and affectionate when they are pedestrians, when they are drivers they provoke more negative reactions. “They change their behaviour. Those who have been drivers forget all about road safety regulations when they stop driving. They feel as if these regulations didn’t apply to them.” “They are among the main road safety violators.” “As drivers, the elderly are stubborn, they are limited by age, they get scared easily, they drive slowly, they delay traffic, they don’t realise that they can no longer drive.”

Some experts favour restrictions. “They drive very slowly on highways.” “They are very fearful.” “The elderly should realise that they are in no condition to drive and accept it. They are just like kids, you can’t let them drive on their own.” “If they go around causing traffic accidents, you have to get them out of the way.” “One cannot forget one is getting older.”

Others lean less towards restrictions: “You cannot exclude people because of their abilities. There are psycho-physical limitations, but there are also limitations in the way people behave. If they rush the elderly, they make things difficult for them.” “The elderly do not have more accidents than the rest of the drivers, they are more cautious. They have a different way of driving.” “It should be done if they have lost their driving ability, but to take away their licences will put their mental balance in danger.”

An expert brought up the dilemma between autonomy and self-regulation facing elderly drivers. “I think that some sort of control is needed because the person who still has the option of being autonomous must receive help. However, this social help has a price; to cease or limit driving. It is necessary to look for a balance.

An expert pointed out that there was no indication that older people drove worse than other groups of people, despite their limitations and despite prevailing prejudices. According to an official in the local police: “Old people are generally not responsible when they are run over. Moreover, it cannot be demonstrated that they can be held responsible in crashes.” On the other hand, they know their limits, but they do not meet the other drivers’ expectations. “They know how long it is going to take them to cross the road but the drivers don’t.”

Another source of conflict for older drivers is the stress they cause in other drivers, who bother them or insult them because they drive slower. “It is the other drivers stress that creates conflict.”

Conflicts with public transportation drivers

There are some conflicts between bus drivers and the elderly. A representative from a large bus company attributed this problem to a contradiction between the young person’s lifestyle - more active, faster - and the elderly. The company has to serve the general public and that is why each route has an assigned time. Bus drivers try to maintain a productive rhythm and the elderly complain of lack of service.
What experts tell us about seniors’ specific mobility problems

Experts describe two problems concerning large cities or cities with rapid growth: 1) The disappearance in downtown areas of the services that meet the needs of seniors, which forces them to travel places far from their homes and to have to rely on the public-transport system that, for better or worse, their city has to offer. 2) Seniors renting homes which are not appropriate for their increasing age limitations: apartment buildings with no elevators, narrow and steep staircases, deficient railings, etc.

Other experts notice that the elderly “need more time to complete the same physical and mental tasks,” and this is the reason why they have problems especially with crossing times in pedestrian crossings, and with signposting. On the other hand, their sensory, motor and cognitive problems along with the barriers in their environment make it absolutely necessary for them to have a companion, especially amongst the oldest people. “

The problem of foot travelling leads us necessarily to gender issues. According to one expert: “most women do not drive and there are more women than men.” It is true that almost all older women say that they travel exclusively on foot, whereas only part of males over 65 do.

Public transport does not offer an adequate solution to the mobility needs of the very old; as their level of activity decreases, they utilise less and less the available means of transport. Taxis are a good alternative. However, it is a costly choice for the retired person’s finances.

Public transport is the main alternative for elderly travel. Nevertheless, despite having important advantages for those who reside in the downtown areas, it is not so useful for those who reside in the suburbs or in the outlying districts.

Some of the reasons given by the experts to explain why older people stop going out are psychological problems (especially depression) or physical disability. In other cases, reaching the street becomes a problem because of the type of housing they live in. The lack of an elevator is a deciding factor. The lack of social and emotional support is decisive too.

The fact that this research project focuses on elderly mobility problems seems to cause a certain impression, as the following commentary by a somewhat confused expert shows: “You should narrow down the concept of ‘elderly person’. On the other hand, they ask, “why do we need to distinguish the mobility impaired from the elderly?”

What experts tell us about measures that have already been taken to improve senior mobility

Experts admit that they do not know what are the specific mobility needs of seniors: “we act upon our impressions of what they need.”

Among the different groups interviewed the predominant opinion was that there has been a considerable improvement in the population’s general mobility conditions, and in particular in the mobility conditions of the handicapped, and that this benefits older people also. Moreover, the main public transport companies offer notably improved route service and vehicle accessibility.

It is the opinion of the experts from a large city that there are good studies conducted by district on elderly mobility habits and on the places they travel to. However, such large cities have many problems due to their structure; they must continue conducting studies. Some of the measures taken are: modified vehicles that facilitate mobility and the elderly use of public transport, the ‘pink pass’ that the city offers to people over 62, and a considerable improvement in the problem of motorbikes parking on the sidewalks. Currently, they are also working towards adapting private buildings to the general public’s needs. At the local level
they are working on the installation of elevators in inaccessible buildings. Technical experts mention that seniors are quite satisfied with the paving and with curb ramps.

This group of experts is somehow euphoric: “Now you can see people in wheelchairs on the streets and people wonder why. We’ve managed to get them out!”

In residential areas with level terrain the use of bicycles among the elderly is being promoted.

**What experts tell us about how senior citizens cope with their current mobility conditions**

Experts in this group share the idea that seniors themselves are aware of their own limitations: as they lose their abilities, they adjust their itineraries. Basically they have two serious problems: sense of direction and sight. “One day they can’t see the street sign very well and another day they see the traffic light too far away. Eventually, fatigue makes them realise they are losing their faculties.”

However, they do not easily accept these limitations. Even though, in absolute numbers, there are more mobility-impaired people among the elderly than among the people who are less than 65 years old, they do not identify with the handicapped. “…they don’t think of themselves as handicapped.”

As far as driving is concerned, they begin regulating themselves partially due to more control on the part of the administration, partially because they start noticing their loss of sensory powers or because they increasingly find driving in dense or high-speed traffic more and more difficult, etc. “When traffic regulations do not impose limits, they impose limits on themselves until they eventually give up driving.”

In the experts’ opinion, once they admit they have grown old, they want to have someone accompany them. They accept this form of dependency with some resignation. “They prefer not to say anything and stop doing things””.

When the experts need to talk about their experiences with retired people where mobility is concerned, the words ‘resignation’ and ‘undemanding’ predominate.

In some experts’ opinion the elderly respond with resignation to their limitations. “In my opinion, they think they are old and that nobody listens to them. They do not state their problems because they feel defenceless. Perhaps, they are the ones who think that they are the problem, not the victim.”

In connection with the question of their undemanding attitude regarding their mobility needs, experts believe it is very likely that old people do not really have any answers. “I think that if they were polled, all the specific problems we’ve talked about during this meeting would not be mentioned because it is difficult for them to admit that they have problems. And I think that this is what keeps more things from getting done.”

Resignation is the common attitude, as several people mention in the interview: “…accepting mistakes that were already made at the time the city was built.” In some cases, experts notice the seniors’ frustration with their own circumstances, along with feelings of guilt for not having tried to avoid them.

At the same time, there is an emergent group of older people, between 65 and 85 years of age, who are very active and another group of people between 60 and 70 years old who are aware of their rights and protest much more. Nevertheless, they are a minority.
**Mobility patterns**

It is not usual to see people over 70 driving. They normally go on foot and, if they have to use any means of transportation, they use public transport as it is cheaper for them. They have to go by car or by train to travel to the outskirts of the city. Trips on foot are progressively shorter and public transport will only be used when they have no access to other modes of private transport, such as rides with a relative.

There are differences based on gender: older women travel more often on foot, by bus and by taxi than men do, whereas men tend to use more the subway, the car and the bicycle.

Regarding isolation, there are also differences based on gender: almost a 20% of older women does not leave the home area.

They choose their means of transportation according to the distance from their homes to their destinations. They tend to walk between 10 and 15 minutes, but it also depends on where they are going to. The bus has the advantage over the subway in that the stops are easier to control.

According to the observations of some experts in the local police, the seniors’ reasons to go out and their habits depend on their previous occupation: “Those who did manual labour, or worked in agriculture or in the industrial sector spend a lot of time in the street. They are looking for fresh air, they want to be in touch with nature and they like travelling with a group. Those who were involved in more intellectual activities usually go to cultural centres and seek the company of people with their same interests, but they prefer to travel alone.”

According to the observations of this expert, one can predict the following: those who did manual labour lean towards group travelling and those who were involved in more intellectual work do not share their contemporaries’ preference for group activities, even though they may travel more on their own.

**Strategies**

The strategy that elderly people use in pedestrian crossings without traffic lights is to wait to be seen by the approaching driver and, once they think they have been seen, they begin to cross.

In pedestrian crossings with traffic lights they begin crossing when the light is green. Even though the light often changes, drivers are patient enough to wait for them to finish crossing. Not all of them wait for the next signal cycle to begin and they take their chances, trusting that the drivers will wait.

On major two-way streets or on streets with dense traffic, they use pedestrian crossings. However, sometimes they take the shortest route without acknowledging the existence of these crossings. This is why some experts consider the elderly to be “quite a law-breaking...” group. Due to the large numbers of parked vehicles and the lack of parking spaces, in the narrowest streets they do not use curb ramps but any free opening between cars.

**What experts tell us enhances senior mobility**

**As drivers**

Respect for them. They should not be pressured when they are at a traffic light, when they do not start crossing immediately, or when they are parking (as sometimes other drivers honk when they manoeuvre slowly). Patience when the elderly are at the roundabout and
they are unsure about crossing, as they do not trust their eyesight. Take into consideration their physical limitations.

Easy to read and easy to locate signs for drivers.

**As pedestrians**

Paving:
- Clearly marked, broad and clean pathways with level sidewalks.
- Paving that can be felt, since some people cannot see well even if they are not blind.
- Sidewalks that are free of obstacles and parked vehicles.
- Curb corners that have good visibility of approaching vehicles.
- Green areas, with benches and pleasant areas to sit and watch the city move.
- Keeping street corners free of parked cars.

Pedestrian crossings:
- Crossings with traffic lights.
- Crossings with easy to locate traffic lights, as they endure safe crossing.
- Providing ample time to cross at crossings with traffic lights.
- Traffic lights with acoustic signals.

Sometimes, pedestrians have been fined as a negative reinforcement measure, but positive reinforcement works better, “building curb ramps in pedestrian crossings has helped reinforce the habit of using pedestrian crossings, as they are more comfortable.”

**As public transport users**

- Comfortable seats and air-conditioning.
- Good service and assistance on the bus driver’s part.
- Easy access, low-floor buses.
- “Above all, that it is cheap. They are more tolerant of other aspects (quality of service, scheduling, personal attention,...)
- Adapting service frequency to their timetables.
- Routes that do not require transfers.
- Sheltered stops that protect them from rain or heat (so they can be in the shade while waiting) and that are nearby.
- Route service to the most common destinations (hospitals, recreational facilities,...)
- An adequate number of seats on routes with a high volume of passengers.

A neighbourhood bus that connects common elderly destinations with the main bus network and with the Barcelona downtown area has been put into service. These buses have been modified (low floor) and have a capacity of 20 to 25 seats. They reach places which are difficult to access by other means of transport: areas with uneven terrain and the old part of town (narrow streets). The routes are short and they connect common points of interest such as libraries and “casals” (senior social centres).
They are building platforms to enter the bus in bus stops where there is a parking lane. As many vehicles do not respect parking markings, the use of these platforms will keep parking lanes free. These platforms make it much easier for older people to access the bus because they do not have to raise their knees so high. They are also useful for people with shopping trolleys.

New buses with air-conditioning, with electronic route and stop signal display, both visual and acoustic.

The fact that when the BMT (Barcelona Metropolitan Transport) Consortium decides on a new route, they visit the district that is going to be serviced and inform the appropriate district commission.

The “pink pass” (a bus pass for the elderly) is seen as a good measure as it has encouraged many elderly to go out.

Same fares for all services.

The advantage of taking the bus over taking the subway is explained as follows: “It’s the bus philosophy: you can see the city as you move along, it is better connected, it is more flexible.”

Buildings - urban planning

Ability to access and leave buildings easily. Using technology to help them be autonomous and independent: beepers, elevators, regulations to make staircases accessible, environments that are orderly and where walking is not confusing but easy.

“Age-in-place” elements such as pedestrian areas, shops, traffic lights, etc. The most important thing is to have roots in the city, to live in a place where everybody knows them.

Mobility planning

Clear and easy-to-read street signs.

Railings and walkways in parks and in other places where balance could be an issue.

Making private buildings accessible also.

Services and pedestrian crossings should be nearby. “All you can do to bring services closer to their homes encourages the elderly to go out on foot. Having places where they can have fun and socialise is also very important to them.”

Good street lighting. Areas with good lighting make them feel safer.

Calmed traffic areas. Low traffic encourages travelling. Create pedestrian areas.

Wheelchair lifts for the handicapped.

Parks and gardens are very important as they are areas where several generations meet; where one can think, meditate, relax, walk, and where the elderly take their grandchildren and can, above all, meet with their contemporaries or exercise (i.e. petanque).

Representation of the elderly in government. The creation of the Consell Assesor de la Gent Gran - CAGG (Elderly Counselling Council), a senior citizen’s organisation. It is a way to bring together the administration and the people. It is a permanent council, managed by civil servants and led by a politician. This Council organised a workgroup that focused on elderly mobility in Barcelona.
**Social programs**

Ageing and health improvement programs for healthy people facilitate mobility by assisting with problems such as incontinence.

Membership in groups and associations facilitates mobility as it gives the elderly more motivation to go out.

Companionship programs.

Workshops on mobility, physical education, etc. also help them.

**What experts tell us about elderly mobility limitations**

**As drivers**

Roundabouts make them feel insecure because they have problems judging distances. “Roundabouts are not wide enough and they function poorly for the elderly, for people who do not drive often, and for those who have just obtained their driving licence.”

There are no social mechanisms in place to help identify drivers with limitations. The seniors’ driving licence renewal process is not designed for this. Licence requirements do not involve the driver’s habitual health care providers. It is a bureaucratic procedure rather than a health check. According to a safety road technician, the people who know an older person the best are his primary-care physician and his relatives, and they should probably be the ones giving him advice and limiting his driving.

Some experts are against the elderly driving small vehicles designed for people who do not have a driving licence, “these vehicles are as dangerous as the other cars since they are subject to the same concerns with road and driver’s safety.”

**As pedestrians**

Crossing streets and public thoroughfares with no pedestrian crossings is very dangerous for older people, even though it may not be for young people.

Crossing times are not always adequate in pedestrian crossings with traffic lights.

Current traffic light regulation in pedestrian crossings is valid for people who do not have problems with their eyesight, but the elderly cannot distinguish colours very well, especially if they are not close enough.

Roundabouts and pedestrian crossings near roundabouts. “Pedestrian crossings in roundabouts are terrible!..” The elderly cross through the middle circle.

Minor road works (digging a ditch to change cables) take up 80% of the sidewalk space. The elderly have little room to walk and they have to do so on metal sheets. Seniors tend to have eyesight problems and it is an effort for them to raise their feet. Uneven paving can cause problems for them.

Narrow sidewalks or sidewalks with too much (or poorly distributed) furniture are not designed for people who walk more and more slowly as time goes by. Thus, certain streets become a barrier and the elderly give up walking there to avoid problems. Those who suffer the most from it are the ones who need some sort of help: wheelchairs, canes or a companion.

Often, paving tiles are beautiful but slippery.
Since there are so many cars parked in the streets and they are so close together, it is practically impossible to cross many streets.

Motorbikes invade pedestrian areas, making the elderly feel insecure and forcing them to get off the sidewalk.

The high density of motorised traffic that exists in our cities has a very serious side effect: toxic fumes and noise pollution. Experts admit that the people who suffer the most from this problem are the elderly and other vulnerable groups (children, pregnant women,...)

Sidewalks that are very high or where there are loose tiles. “You have to walk in the middle of the road”.

The paint used in pedestrian-crossing markings is slippery; sidewalks are also slippery.

In some places in Barcelona, black traffic lights are being used to replace the usual yellow ones, making it difficult for people with reduced eyesight to locate them. This is an example of how urban planning does not take into account the needs of the entire population.

Advertising panels and free-standing menu signs outside restaurants make it very difficult to walk on the sidewalk. Any obstacle found on a public thoroughfare affects the mobility of people with reduced eyesight.

Street signs with lettering engraved on grey marble are very difficult to see.

Long stretches with many traffic lights make pedestrian walking difficult as people have to stop frequently.

The principal reasons why the elderly fall are: road surfaces in bad condition, holes, cables, scaffolding that have been misplaced, street furnishings, illegally parked vehicles, crowded areas, and surfaces that are wet, frozen or are covered with gravel.

The obstacles found on sidewalks are very bothersome. “However, outdoor decorations don’t bother them. Flower pots do not bother them, even when they have been placed in the middle of the street. It seems they like things with flowers.”

Hedgerows are a nuisance in big avenues because they do not let pedestrians be seen or allow drivers to see pedestrians on the sidewalks.

As public transport users

Seats are very high on public buses and women have problems because their feet do not reach the floor.

Public transport can become a serious and insuperable problem for people who have lost agility or cannot keep their balance, as they have to sit down and this is not easy to do during peak hours. “To ride on public transport you need to keep your balance and people who can’t do this need to sit down, and this a problem for the elderly.” In general, crowds represent a problem for the elderly.

“They are discouraged when they have to do two or more transfers; and they lose interest in resolving these kinds of problems and that’s why they stop travelling. They live inside a circle that grows progressively smaller until they only have contact with a few neighbours.”

Personal service on public transport is minimal and the elderly and the handicapped need some help.

The staff and the other passengers on the bus do not easily understand the problems seniors have entering and leaving public transport. “They have difficulties going up the step, they need more time to get off the bus and to see if it is the right bus, etc.”
The increased use of technology (electronic bus passes that need to be recharged at the cash dispenser, digital informative panels) becomes a problem for them.

Buses not running on time: “Even if the bus is cheaper, it still has to be on time.” Moreover, they do not come by frequently enough.

Public transport, both trains and buses, that has not been modified to meet the needs of the elderly.

It is necessary to take the bus to go to the hospital, since hospitals tend to be in uninhabited areas. It is not easy to reach the cemetery by bus either and the elderly are the ones who use these facilities the most.

Several reasons explain why they do not use the subway as much as the bus: the platforms are difficult to reach, transfers take a long time, they feel claustrophobic in the tunnels, the system confuses them, they are afraid of muggings, robbery,...

As one of the experts points out, they use the bus more often than the subway because the subway is inaccessible. Mechanical escalators only take you up even though walking down the stairs is as difficult for them, or even more so, as going up. If there are no elevators in the stations, accessibility is also a problem for seniors, people with shopping trolleys, etc.

Bus driver training. “A lady on crutches complained that drivers did not lower the access ramp for her because they thought it was only for people on wheelchairs.”

Bus drivers and bus stops; bus doors tend to open in front of tree planters, traffic lights or illegally parked motorbikes, etc.. The area around the bus stop should be kept clear of obstacles.

Elderly people have problems with long waiting times. For some routes, the waiting time is over 30 minutes.

Falls are among the most common causes of accidents in buses. Falls usually involve older people and take place when they get on or off the bus or when the bus brakes unexpectedly.

Walking down the stairs in subway stations causes anxiety as you feel as if you were falling into the void. This does not happen when you are going up. Moreover, for some people going down the stairs is more difficult than going up.

**Special vehicles and taxis**

The elderly only use special services and taxis if it is necessary, for instance if they have to go to the doctor. They do not habitually use them because they are a very expensive form of daily transportation.

“There aren’t enough modified vehicles or taxis.”

**Bicyclists**

Since there are no bicycle paths, the elderly have a problem with the bicycles that ride on the sidewalks.
Buildings, urban planning

Access to the street from home. The elderly often live in buildings that do not have an elevator. This is the case in the old part of the city in Barcelona and also in the "Riviera" and the "Barceloneta" neighbourhoods, where staircases are very narrow and steep.

Traffic patterns

Cities still favour private vehicles. Public transportation tends to favour some fixed-routes during work hours. All this make it very difficult for older people to become interested in travelling, either on foot or by public or private transport. "Cities are for people who can react quickly and this seriously affects older adults, this dynamic of rushing."

The hours during which the so called "non-required mobility” trips take place are less fixed, and this results in a more erratic form of travelling and in a greater risk of accidents.

What experts tell us about the measures that are necessary to improve the situation

As drivers

Reducing driving speed. "If they drive slowly, elderly drivers are safer than young ones."

Experts find it difficult to implement measures that apply only to elderly drivers as they represent just one group within the larger driving population. Perhaps, they could launch campaigns to make all drivers aware that there are “old” (age-wise) drivers among them.

Some seniors drive even though they no longer have the necessary ability. However, they have to resort to driving because there are no travelling alternatives in the area.

It is necessary to install illuminated signposts in roundabouts.

It is necessary to build more parking lots since there is an average of three cars per family. Towns change and they also spread out but streets continue to be the same length and width.

As pedestrians

Provide longer crossing times and build pedestrian crossings with ramps.

Offer alternatives, that is, if it is not feasible to provide longer crossing times at all traffic lights, create walking routes for the elderly.

It would be necessary for cities to pay more attention to pedestrians and for pedestrian routes to be more attractive to people travelling on foot. All this would be very beneficial for the elderly. Open more pedestrian streets. Create more "civic axes", that is, streets where sidewalks are wider and traffic becomes less dense; streets that are always accessible by foot, and that are safer, even if they are longer. It is a question of giving pedestrians much more space and making them feel safe and comfortable. All roundabouts and street intersections must be at the same level and traffic must yield the right-of-way at architectural elements.

Relocation of signposts and street furnishings that are an obstacle for pedestrians walking on the sidewalks, at least on routes with a high volume of pedestrians.
It would be necessary to improve traffic light visibility in pedestrian crossings.
Building slightly wider sidewalks, at least 1.5 m. wide.
Since we know that the elderly habitually follow the same routes, “...mobility planning should take into account safety measures when creating these routes.”
Illuminating dark areas and police surveillance in unsafe neighbourhoods.
As far as illegally parked vehicles are concerned, enforcing the law or raising the fines. Also running road safety campaigns to educate children.
“Avoid parking on sidewalks by installing pylons. Build access ramps. If it is good for the mobility impaired, it is good for everyone.”
Iron balls and pylons, two kinds of barriers that prevent cars from parking on the sidewalk, could be replaced with transparent polycarbonate barriers, which will be more helpful since people with reduced eyesight who use walking sticks can more easily locate them.
Large signs standing on one support and placed in the middle of the street should be substituted by signs standing on two supports that allow passage through the middle.
Reinforcing signposting in pedestrian crossings by installing illuminated signposts. This will help both pedestrians and drivers.

As public transportation users
More buses are needed during rush hour but they will not be purchased if this turns out not to be profitable. Schedules and routes to health care facilities should be carefully studied and planned so that they coincide with regular visiting hours.
Information on public transport should be pleasant to read, comprehensible and should better meet the needs of the elderly. It is necessary to conduct a pilot study on the needs and barriers facing this group of people.
Improve shelter areas, bus stops. The elderly should be comfortably seated while waiting, they should be in the shade and, if it rains or it is windy, they should be sheltered.
Bus stops should be created based on demand; those in charge of deciding the location of bus stops should take into account the seniors’ most common destinations: health care facilities, green areas, etc.
Make it easier to enter the bus. If possible, install access ramps.
Once they are on the bus, make payment easy for them and help them move around the vehicle. Someone should take them to their seats. Sitting should be adequate.
Provide small towns with modified buses that can service health care centres, commercial corridors and other service areas.
In small and medium-size towns, it is necessary to provide information on such things as schedules, ticket purchasing or return times. Some type of kiosk or public transportation information point (metro, bus, etc.) would be necessary.

Political measures and regulations
Launch campaigns to make the general public aware of the needs of this growing social group.
Public administrators should begin funding the implementation of measures to help this social group, measures that will also benefit the mobility impaired: public transportation and even private transport subsidies.

Make it possible for people to age in a pleasant place, in a place where they feel safer and better assisted, and where their needs can be met. This is easier to do in smaller communities.

Currently, it is very difficult to “age-in-place” but the conditions to start working on this are in place. The elderly have problems relating to the new technologies but they can easily establish relationships with shopkeepers in their neighbourhoods who can help them.

Educate the general public. Characterise the elderly as a group that needs protection. Educate children, since they will be the architects designing houses and streets for the elderly in the future.

The dressing-rooms for the mobility impaired and other similar facilities should not be differentiated; they should be shared so as everyone with differing limitations can use them. In this way not so much space is taken.

**Organisation of the elderly**

Most experts agree that the elderly should organise in order to demand better mobility conditions. Technical experts should take initiatives to approach the elderly once this has occurred. This is important because, when technical experts begin on a project, they always resort to already-existing civil structures for feedback. If the elderly were organised, they would be able to participate in the initial stages of projects and cities would better accommodate their needs.

People should be represented or there should be a committee whose opinion could be sought when projects which could affect senior mobility are planned. Area planning always begins by conducting urban developing projects. It is at this stage when their opinion is needed. Urban projects are always first discussed with the public. It is then when the groups concerned should make their opinions known.

**Special vehicles and taxis**

Subsidised passes for taxis (Taxi-Pass) and for special vehicles when the elderly person is too old to use the bus.

Make taxis affordable.

A large number of elderly trips are health-care related. It would be necessary to use modified mini-buses to pick people up and to make the service more economically self-supporting.

**Social programs**

Social Security (the national health system) should contribute funds for transport, housing accessibility, better services, glasses, wheelchairs, etc.

There should be more programs for the elderly and they should be better funded. Current budgets are not large enough to cover all their needs.

Programs to prevent immobility and, above all, isolation are necessary.

The state should cover certain costs, for instance public transport for the elderly.
What experts say prevents useful initiatives from being implemented

Administrative conflicts

There are conflicts among ambulance companies, the INSALUD (National Health Institute), and modified taxi owners over whose responsibility it is to offer service to rehabilitation centres. “Social Security (the national health system) wants the elderly to use its services, its ambulances, and refuses to pay in those cases in which transport by taxi would suffice (cases of rheumatism, fractured arms, etc.).”

Subway stations are more difficult to modify. Some have already been modified, that is to say, they now have elevators, paving for the visually impaired, and non-separated wagons (to improve distribution of passengers). In Barcelona, for instance, the problem is that this is the Generalitat’s (Regional Government) responsibility. The transport company (Transport Metropolita de Barcelona) manages the subway system but cannot develop its own strategies independently of the political institutions.

Another problem is that elevators are difficult to install since new entry points need to be built and this requires changes on the street surface as well.

Conflicts among groups

As there was no room to widen the sidewalks in the old part of town, some restricted-access streets were created. Whenever such measures are taken, there is bound to be confrontation between different groups of the downtown area, such as shopkeepers, residents, and pedestrians. Shopkeepers want cars to be able to drive up to their shops’ doors. However, once access is restricted, they realise that this measure not only does not hurt them but that, for the most part, it is good for business.

Public administrators can take measures but it is necessary that a social group supports these measures and pushes them forward. Measures protecting pedestrian accessibility often hurt the interests of bikers and drivers. It is necessary that pedestrian action groups argue in favour of and support these measures. “Otherwise, driver action groups, for example, will defend and demand their right to travel by car freely.” Each social group has to defend its own interests and democratically negotiate with others.

A change in social mores needs to be brought about before elderly mobility needs and their possible solutions can be widely accepted. The problem is not only transport but also that the elderly have to compete with other social groups for their social space, for instance when they need to be respected when crossing and they need adequate crossing times at pedestrian crossings.

Wheelchair lifts have been installed in some buses but public transport users complain that they take to long to lower and raise. On the other hand, they also consider that they are too expensive, given the fact that mobility-impaired people rarely use the bus.

There are also some conflicts regarding street manners. For instance, seniors do not like young people to yell at them or treat them with excessive familiarity. These are cultural conflicts that make it difficult for the different generations to get along.
Sometimes the measures taken cannot bridge the gap that exists between our rapid pace of life and the slow movements of the elderly. “We live at different speeds. They cannot adapt to us and we do nothing to adapt to them.” “Sometimes we have had falls because while the elderly person looks for the exact amount of money, finds it and identifies it, the bus driver has already started the bus…”

Experts point out that there is an implicit belief in society that for a city to function well its private motorised traffic must function well. If this perception is not changed, it will be difficult to implement new measures. (“Underneath everything you do, deep down, there is an implicit motto: cars need special attention”). Experts share the idea that “City Halls are still not strong enough to oppose a group of citizens who demand more parking space” (a municipal civil engineer). This is so despite the fact that several measures along these lines had been proposed in many cities. The implementation of these measures, however, often do not go too far and they are not as widely implemented as intended.

**Differences in political criteria**

The Elderly People City Council (EPCC) has not always been taken into consideration since its role depends on suitable political leadership. “The technical departments that work in conjunction are not to be blamed for the lack of co-ordination.”

So far policies have favoured cars instead of pedestrians. Crossing times at pedestrian crossings with traffic lights should be increased but this would force changes in traffic light times all around the city.

When traffic light times are regulated, traffic flow is considered to be more important than the real time it takes pedestrians to reach the other side. It depends on one's view. For instance: in order to facilitate access to sidewalks we have lowered the curbs by building one ramp that takes you down and another that then takes you up the opposite sidewalk again. If we were really concerned with improving pedestrian transit instead of motorised traffic, we would need to raise the road surface up to sidewalk level. In this way pedestrians, and in particular those with limited mobility, would not need to make an effort, an effort that for motor vehicles simply amounts to an adjustment in their speed. This is done but only in those streets where it is important to decrease the vehicle’s commercial speed. We need to take into account that pedestrians with limited mobility (those in wheelchairs, pregnant women, the elderly) have to make a bigger effort to move than cars. Moreover, when it rains ramps are slippery despite being built with the appropriate materials.

A different political party was in charge of these issues two terms ago. Initiatives such as the creation of district committees or the creation of an experimental neighbourhood police were then promoted. At the district level, the elderly turned out to be very active.

**Lack of information - education**

No studies have been conducted to determine how effective the implemented measures have been, or how well-received or successful they have been not only with the elderly but also with the other users.

Regarding bus drivers’ training, it is a question of making them sensitive to the needs of groups with limited mobility. However, they sometimes think that the measures taken concern a more limited number of people, for instance people on wheelchairs. They do not realise that there are other groups of people who might need to use a wheelchair lift: people on crutches, people who carry a shopping trolley, people who cannot lift their legs too high or who are visually impaired, etc.
Many times problems are exacerbated when in fact they only affect a minority, in which case solutions are too complicated. For instance, it is difficult for some people to go up the stairs in subway stations. The solution is to use a lift that only the stationmaster can operate, taking a long time to do so. In this case, people prefer to go up slowly rather than call the person in charge.

Moving the senior centre from its downtown location to the outskirts of town. This move has not been accepted by the affected seniors. It has been highly criticised. “I think that what happened was that the elderly did not get involved.” The experience should be taken into account when planning other transport alternatives and services.

Lack of information. Most seniors do not know what is being done for them because they cannot read, the information does not reach them, or for other reasons (sensitive and attention-deficit problems, etc.). “Long explanations do not reach them.”

There is not enough awareness; “The main problem is that we attach too much importance to the car since we think that it gives us a lot of freedom, that it makes things work better. But then we all complain about the discomforts it causes, but not very loud. We are still very attached to cars.”

**Lack of political pressure**

Senior citizens do not complain enough, they do not put as much pressure on the institutions as their theoretical opponents do: the shopkeepers who are against pedestrian streets and street “pylons”. “The problem is the lack of political pressure. Voters who protest are offered services and voters who don’t complain, aren’t. They only ask for trips, senior centres, etc.”

Senior citizens are not politically active enough. They are not aware of their existence as a disadvantaged social group. Technical experts focus their attention on the handicapped, a social group which is not as large but is more politically active. “Politicians and technical experts go along with the group that protests the most, the ones who end up getting a bigger piece of the cake.”

The fact that seniors do not use their voice is not the only reason behind the lack of initiative on the issue of elderly mobility. A technical expert explained the institutions’ lack of political will in these terms: “There is an issue no one wants to discuss; cars still rule the cities.”

The elderly are afraid of complaining because they think that they will not be treated well. An expert from a small inland city remarked: “They do not protest enough, there are neither opportunities to do so nor information about how to find OMIC (consumer advocacy offices) or complaint forms, etc. Mobility is not just a physical issue; it is a psychological issue too.”

The “accessibility law” may have limitations because it did not contemplate mobility impairments such as deafness and blindness. It focused exclusively on motor difficulties. This is currently being corrected. In any case, it is necessary that people pressure legislators and urban planning authorities so these measures are carried out.

Those involved in deciding which measures need to be taken cannot also be involved in evaluating their effectiveness. It is necessary to ask user groups for their opinion. Ultimately it is the user who will benefit. There is no specific mechanism to consult with different social groups regarding thoroughfare issues. There are technical regulations that need to be enforced: quality control regulations.

Retired people would be delighted to be of service to the municipality and they would like to suggest improvements as necessary. However, this leads to “the idyllic”, to desiring the
impossible: cut that tree because... which would make it necessary to debate every single thing that needs to be done... “they focus on their personal needs”.

**Financing or political return**

Implementing some of these measures depends on funding sources outside the public administration (mobility-impaired persons’ organisations). When these fluctuate, the implementation of measures does too.

In order to make public transport cheaper, subsidies, improvements, and funding for infrastructure are needed. Moreover, politicians need to be willing to allocate money for this area, take it from other areas or raise taxes. Therefore, society has to realise that we need to invest money on improving mobility conditions. Good intentions are not enough.

We do not know very well why people cross when the lights are red. A study on pedestrian infractions has been commissioned. Very little has been done regarding urban accidents; we do not have enough resources to study this issue and we have to resort to data from other countries.

**Lack of quality or insufficient measures**

“If it has been poorly done, it won’t work” (a municipal architect). Many pedestrian crossings have been poorly designed and poorly painted; they do not emit an acoustic signal and the light signal cannot be adequately seen. All this should be improved.

If sidewalk ramps are too steep, wheelchairs cannot easily brake.

If we study common retired-people routes, we realise that improvements in their accessibility need to be all-encompassing, otherwise the route is not accessible. Irregular paving is a serious problem for people with reduced eyesight.

Wheelchair lifts need to be serviced promptly and efficiently. Accidents can happen if they are not properly used.

“Paving a square with marble can be very beautiful but, when it rains, it is bound to make people slip and fall. Young people will probably not be injured but older people will.”

**Political will**

Laws are not enforced. Housing does not comply with regulations.

A representative from the ECC (Elderly Counselling Council) demanded more attention to the elderly and the disabled: “things are done for people but not taking them into account.” A representative from City Hall explained: “Normally we try to listen and reach an agreement with the elderly. But it is necessary to better co-ordinate the areas of mobility and citizen participation.” This debate leads to the conclusion that there is no communication among the different departments in charge of the elderly. They do not seek the advice of the elderly (which the ECC could channel) in order to improve the city.

Even though the Generalitat (regional government) has yet to implement them, a Royal Decree in 1988 mandates adaptations, but it is necessary to refer to national laws, which are too general. The regional government is usually in charge of specifying the nature of these changes. The spirit of the law is there but we have to move forward. Buildings are still being constructed with architectural barriers.
The Generalitat facilities are not accessible. “If this is so important, how come there are no regulations?” (an architect); “There are some, but they are not enforced” (a City Hall technical expert). And then he adds: “Lack of resources? Maybe, but it is also a lack of sensitivity to their needs. If we have to improve elderly mobility, we will have to think of such things as railings, lower steps, shorter walking times, etc.”

The “Agenda-21” (official mobility plan) fosters the participation of the groups concerned. It tries to understand how these problems affect the groups and, in order to collect this information, it is necessary to get them involved. The “Agenda-21” promises have not been fulfilled in many municipalities.

**Conflicts in criteria for regulations**

In places where the sidewalks are narrow, the “pylons” that have been installed to keep cars from parking on them can become a nuisance for pedestrians. But when facing the dilemma of having to choose between two obstacles, the pylons were thought to be less bothersome.

If you ask for financial aid to make improvements in your building, installing an elevator is considered a luxury even though for an older person it is a necessity, an essential.

This city has made a serious effort regarding the rehabilitation and cleaning of facades, “Barcelona cara neta” (Barcelona, clean face). When facades are cleaned the first thing that needs to be done is to put up a metal scaffolding. People complain about them because they make walking on the sidewalks impossible. There are several technical solutions to this problem, but the companies in charge should comply with the regulations. If there is a city ordinance, it must be observed even if it is more costly. “We are too tolerant of the way the space in public thoroughfares is invaded.” On the other hand, “...we must evaluate the costs and benefits for each alternative. It is not advisable to level fines for everything, as we need to promote these kinds of initiatives.”

Sometimes the regulations applied to certain imported materials do not take into account the characteristics of the geographical area they cover, for example in the case of the black traffic lights imported from Australia.

The “Ley urbana 98”, the law on the elimination of architectural barriers, is not a state law but a regional one. Neighbouring municipalities do not have their own accessibility city-ordinances establishing mobility criteria in urban planning. City councils can regulate mobility from two points of view: making separate and specific ordinances for the mobility issue being contemplated, or establishing some written and regulated urban criteria that complement the regional laws.

**Social programs**

There is not a coherent policy for assisting the elderly. Financial aid is scarce and it is difficult to qualify for it. Care-givers have to quit working and earn a salary for taking care of the elderly. Pensions have to be reasonable. It is necessary to make it possible for people to take a leave of absence when they need to take care of their parents. Taking care of elderly people is not considered a job but an obligation.
SENIORS – MAIN FINDINGS

What seniors think about their current mobility conditions. What senior citizens say about their needs, fears and routines in relation to their mobility.

Needs

Among the seniors’ most common needs we find the need for transportation for medical and health reasons.

“I depend a lot on medication and the duty chemist is often in a different town.”

Another need they frequently mention is the need for transportation to go shopping, to go to work and, for those who live in rural areas, to go to their fields. They also mention the need to take to or pick up their grandchildren from school (either by car or on foot), the need to run errands, to go for walks, etc.

The need for a companion in their daily trips, especially those who are over 70 years old:

“I usually try to find someone to go with me; a neighbour or a friend from the Casal (senior social centre).”

Habits

They have well-established habits as far as their itineraries and most of the leisure, social, and occasionally work-related activities that tend to occupy their time are concerned. They usually go out somewhat later than the people who work, and they decide to travel on foot, by bus or by metro depending on where they are going that day (to the doctor, shopping, visits, etc.). They go out almost everyday.

Pedestrian habits; they follow fixed mobility patterns:

“ I like walking, everyday, I walk for an hour.” “I go to the doctor every two months.” “I meet with some friends from the senior centre to play cards, go for a stroll in the park, etc. Sometimes we take one of those packaged trips.”

It is interesting to notice that pets are one of the reasons why they keep healthy mobility habits:

“I used to have a little dog who kept me company but he died. In any case, it would be too much work to take care of him now.”

“I like to ride my bike with my friends.”

Fears

The seniors interviewed admitted that there were a number of situations that they potentially feared, among which we find: feeling scared or vulnerable when they find themselves alone in public transport stations and stops, or when they are in streets and squares with few passers-by or where there are no security guards nearby.

They fear finding themselves defenceless and none of the people around them coming to their assistance.
“I am afraid that nobody will help me, either on the subway, or on the bus, in a taxi, on foot, etc. I don't feel very strong or resourceful.”

They expect society to help them, not their families:

“In the past, people were taught how to be civic-minded, how to behave. But I would not like to bother my children or my neighbours.”

They fear crime, they are afraid of poorly illuminated streets:

“One day, when I was waiting for the train at the Manises (town) subway station in the late evening, I was very scared. I was the only person there.”

Others, especially women, frequently mention being afraid of getting dizzy, or getting confused or lost when travelling alone.

An especially widespread fear is the fear of falling, falling when going up or down the stairs, falling because of curbs or because there are misplaced objects in their way; falling also as the result of being hit by a car or even as the result of having an accident when driving.

In general, the elderly think that being with people they know helps them overcome their fears.

Traffic scares them, the fact that something may happen to them or to their spouses:

“It scares me that my husband can have an accident when driving. He has had heart and eye surgery and, besides, he used to speed.”

They are afraid of driving and, above all, they are scared of being the victims of other drivers they consider negligent and disrespectful while they are on urban thoroughfares. However, highways do not inspire so much fear.

“I stopped driving because I didn’t want to have an accident since people do not respect traffic signs. I don’t drive around town but I drive on the highway”

What senior citizens say about the general limitations that affect them in relation to their mobility conditions

The answers of the seniors interviewed widely vary. Obviously, the people who were unable to attend the interviews because of their limitations are not represented here. Answers tend to vary among seniors who are 75 years old or a little over. Once they are over 80 years old, it is difficult to find people who are in good physical condition and in good psychological condition at the same time.

“I don’t have any problems moving, I can go anywhere. But age has affected many people. This gentleman here doesn’t know how to buy or cancel his subway ticket so he needs somebody to help him.”

The seniors who were interviewed, and especially the men, do not see much difference between the way they feel physically and mentally once they retire and the way they used to feel in the years before retiring:

“I was a professional driver, I used to drive trucks till I turned 64 years old. Today I am still a driver; for the time being I feel very well.”

Leg problems are a common complaint:

“On some buses it is all right but on others it is difficult to get off the vehicle. We are old and our legs are not the same. I have to limit the amount of socialising and walking I do. The cane helps me somewhat.”
Their limitations can take many forms:
“Your body breaks a little bit more everyday; the changes are very slow but you realise you need people’s help…..”

Attitudes range from denial to reluctant acceptance:
“It has nothing to do with it because changes are so slow that you don’t even realise what’s happening.”
“I am in good condition now. I reach 140 km an hour when I drive on the highway.”

**What senior citizens say about attitudes, conflicts and prejudices affecting them in relation to their mobility conditions**

The elderly can often be prejudiced against other groups of people:
“I don’t go to any of the senior centres in my neighbourhood since most of the people who go there are trouble, they are gypsy-like people who insult each other and have no manners.”

There are also complaints regarding the way the tour bus drivers drive:
“...many older people get carsick on the bus”; “bus drivers don’t drive well.”

One of the main complaints elderly drivers have is that drivers who are in a hurry behave disrespectfully towards them. But conflicts with drivers are not limited to the road. Frequently, elderly pedestrians are abused and insulted by drivers or car owners even in nearby urban spaces.

“When you drive, you have to speed because everybody drives very fast and, if you don’t, you are in their way, they honk and complain and tell you ‘stay home, old man’. They drive too fast. They make fun of you.”

**What senior citizens say about their specific mobility problems**

Some of the specific problems we found are:

The problem of some individual cases where, due to their physical limitations or due to the characteristics of the area where they live in, they need individualised transport such as taxis or special vehicles:

“Some people have to go through rehabilitation and they count on using the ambulance service. Otherwise, they don’t go.”

Some people have problems because they stop moving and because they isolate themselves at home. The following story, told by a 80-years-old retired person who helps organise activities in his neighbourhood, speaks for itself:

“I call it the ‘poor shy person’ paradigm; it has to do with those older men or women who little by little have lost their spouses, their children, who have new neighbours whom they don’t know and who don’t know them either. They gradually stop socialising and nobody wonders “why didn’t Mr. Ramón or Miss María go out today?” Until one day the smell of death knocks on the neighbours doors. This is a very serious problem, but more and more common everyday. And it is necessary to mention that the buildings where most of the elderly live in Barcelona do not make it easy to go out; narrow and steep staircases, no elevators, etc.”
Seniors in one of the groups brought up the problem of availability of medicines. It is well known that the elderly depend on medicines. In some rural and suburban areas, the duty chemist is sometimes located in a town which cannot be reached by public transport (especially during the hours the chemist is on duty). The local police have created an auxiliary transport service that is used in some cases but it is considered clearly insufficient.

Another specific problem that the elderly discussed in this group is solitude, isolation, and the need for some form of permanent assistance or companionship.

**What senior citizens say about measures that have already been taken to improve their mobility**

Generally speaking, the elderly are satisfied with the measures that have been taken regarding public transport, and with those measures that make public transport easy to use. Most of the seniors interviewed appreciate the measures taken to improve mobility conditions in the areas where they live.

“...In general, the whole town is getting much better, they’re redoing all the sidewalks, public buildings are being renovated...”

**How senior citizens cope with their current mobility conditions**

*Adapting to retirement conditions and to their age*

Some seniors organise their life around new obligations, such as taking care of their grandchildren or of older parents.

“Going out depends a lot on the family’s health and lifestyle. You sometimes make plans to go out and visit some place and you end up not going because your children ask you to take care of the grandchildren.”

Most of them realise they are losing faculties when they start getting tired.

“You become more dependent, you are not as autonomous as you were before.”

*Mobility patterns*

*Regarding driving*

Most drivers are men, even though there are more women among the seniors who were interviewed. Some still consider themselves to be good drivers. For them, nothing has changed.

“I drive quite fast, I am quite alert. I prefer to go fast, smartly.”

Others admit to having lost some faculties but they have developed other strategies to compensate for this loss.

“The secret is to remain calm. I am in good condition for driving but sometimes I feel I need a new pair of eyes. You can only solve this problem by paying more attention to the road.”

For most drivers, giving up the car would represent a very important change in their perceived quality of life.

“When they revoke my driving licence, I’ll go out much less; they’ll take half my life away” (man, rural area).
Among the seniors who have stopped driving you find those who still consider themselves capable of it but who have stopped because their immediate family has pressed them to do so. Among the elderly living in rural or suburban areas it is rather common to take the car to go to work in the fields or to travel to the neighbouring villages. They do not tend to drive more than 10 km a day and they only travel on local roads.

On the other hand, for other seniors, the car is the preferred means of transport, as the city’s radial public-transport system connects their towns with the capital but does not connect them with outlying suburbs. The private vehicle offers them the necessary flexibility and versatility to cover their eventual health-related, social and leisure needs. Most of them agree that it is better to try to avoid driving in cities with dense traffic such as Valencia by using public transport.

In some residential areas, the population centre is small in comparison with the total urbanised area. It is common to find seniors who habitually drive their vehicles in these areas.

“The urban centre in this town is very small but there are many ‘chalets’. I have to come by car because I live in a chalet. People drive instead of walking.”

Cars can be very helpful when the seniors’ physical limitations prevent them from travelling by other means of transport:

“If I go grocery shopping, I take the car because I can’t carry too much weight” (woman, hip problems). “Besides, I go and come back faster by car.”

**Regarding conditions for walking**

Most people in this group travel on foot. Sometimes they use canes or other aids and they generally develop strategies to avert dangerous situations, situations that, most of the time, are created by a combination of environmental factors interacting with their own limitations.

“I have osteoporosis and I can’t even move most of the time. That’s why I don’t go anywhere. But it depends on the day. If I am not in pain, I go shopping into town with a normal shopping trolley that has four wheels; that way I don’t fall because I use it for support” (80 years old woman).

**Regarding public transport use**

Most of the seniors interviewed in this group make use of public transport, either subway or bus. However, trains and subways are preferred if they feel more comfortable or more autonomous by using them.

“You can be more independent if you use the train. If there were more trains, we would have more freedom of movement. But you have to adapt to the circumstances.”

“In my opinion, public transport doesn’t let you be independent; you have to depend on a fixed schedule.”

Maintaining mobility requires an effort on the seniors’ part. They face this challenge in different ways:

“When I stop driving? I won’t stay home; bus, subway... some people don’t have a car and they go everywhere.”
What enhances senior mobility

As drivers

The elderly who can drive and own a car appreciate the roundabout system, even if it causes them some problems at the beginning.

“Roundabouts are a good thing; they prevent traffic accidents.”

In general, they appreciate the modern design of both cars and streets. The people who live in the towns feel quite comfortable driving.

“Nowadays cars have better suspension, power steering, they are safer.”

For other seniors, not having the means can limit their chances of having access to safe and convenient services.

“It is very nice to travel by car on toll motorways, but it is even better to use the freeway because there you don’t pay.”

As pedestrians

Level sidewalks, pedestrian crossings at curb level. Sidewalks with curb corners that allow better visibility of cars approaching. Elevators in private and public buildings:

“When you find these things, you feel better;” “there are quite a few curb ramps and they are very useful for women pushing their shopping trolleys.”

Low traffic:

“When I go for a walk, I go to the industrial area outside working hours. Then it is quiet.”

Parks, landscaped streets, and green areas make walking, or at least travelling on foot, more inviting. Seniors think of things such as streets with wide sidewalks that are also free of obstacles, pedestrian areas with trees, and calmed traffic areas (areas where sleeping policemen are used).

“Parks invite you to walk; the sports centre is very pretty; you find nature, trees, you can go for a long walk.”

As public transport users

They appreciate bus stop proximity and comfort:

“Walking to the bus stop can be intolerable especially when you carry a lot of weight.”

Frequent buses and multi-purpose routes (the same route services several common points of interest) are highly appreciated. The elderly like the new “neighbourhood bus” that has been put into service. It is a small modified bus that services places that are more difficult to reach, such as areas with uneven terrain or narrow streets.

The seniors interviewed in this group agree that the subway is their best travel option in general. It is relatively cheap and convenient for retired people. It has a family atmosphere, as they meet with people they know; this is not as common with seniors that live in large cities such as Valencia or Barcelona as it is with seniors who live in the outskirts. It is also necessary to take into account that the subway routes seniors in this study use - namely at the outskirts of city -, run for the most part on the surface, which makes its use more comfortable.
They feel proud of the circular route bus service that has been recently put into service. Even though they do not use it as frequently as they use the subway, they highly appreciate the fact that it is a modified and environmentally friendly bus.

They highly praise reasonable fares, good accessibility, bus driver assistance, and comfort, when these advantages become available:

“Public transport is affordable and taxis are too expensive for our pensions.”

**What limits the mobility of senior citizens**

**As drivers**

From the elderly driver point-of-view the most serious limitation is the eventual loss of their driving licence.

“They have taken away some of my friend’s cars. That really limits your transportation options. Before, I used to ride my motorbike everywhere and now I don’t even leave the house.”

As far as vehicular traffic is concerned, motorbikes cause the elderly many problems, as bikers drive unpredictably and make it difficult for the elderly to follow their movements.

“Speed, some people drive excessively fast.”

Parking problems are not specific to the elderly but they force them to face some of their limitations. Those who are in a better financial situation solve this problem by using pay car parks.

“In many car parks, you can’t find any staff who can tell you where to pay or how to do it.”

**Parking problems**

“I never drive in the city because parking is a problem; I prefer to use the subway; besides, it is cheaper. However, sometimes the routes are not very good.”

**As pedestrians**

Problems with sidewalks are prevalent among pedestrians who are particularly sensitive to obstacles. Curb ramps or cuts which have been poorly designed cause falls and slips because they are not designed or built with suitable materials. Moreover, the ramp paving cannot be distinguished from the sidewalks’ paving and the elderly cannot locate the ramps:

“Parking garage ramps run across the sidewalks and, if you are not careful, they make you fall.”

Paving in bad conditions, and paving with filth, especially dog excrement, also causes many problems:

“Everything is very dirty; people are not very considerate and they throw everything on the ground; dog owners are the worst.”

On the other hand, it is difficult for those seniors who need a companion to walk on narrow sidewalks. Cars parked on the sidewalks and obstacles, such as street furnishings, are also a problem. Sometimes this forces seniors to step down onto the street, and consequently they run the risk of being run over.
If the sidewalks are too high, the elderly cannot ascend with their shopping trolleys. Moreover, there is such a large number of cars parked in the streets that people find it difficult to find an opening to reach the sidewalks. Seniors who walk on streets with no sidewalks or on roads with no shoulders also have problems, as cars pass very close and balance is often an issue.

They demand that traffic islands are built in the wider streets or in streets with dense and high-speed traffic. Ideally, however, pedestrian crossing times at stoplights should be increased.

Pedestrian crossings prompt many commentaries: if there are no traffic lights they have to make risky decisions due to their sensory limitation.

Pedestrian crossings with traffic lights do not represent a problem for the elderly living in small towns because the streets are not very wide. However, sometimes the light is green for pedestrians at the same time it is yellow for drivers, and seniors believe this can be potentially dangerous.

Finally, they think that many pedestrian crossings are not visible enough and that their markings should be repainted.

“There are many pedestrian crossings that need to be painted; you can’t see them well. We need more curb ramps; the ones we have are not very well built.”

Other problems are that traffic light cycles are not long enough for pedestrians to cross and that there is little traffic light visibility. Pedestrian crossings near roundabouts are also a problem, as drivers have to focus their attention on several things at the same time and do not have time to see and slow down for pedestrians.

“Pedestrians don’t have enough time to cross in roundabouts because there are no traffic lights any more.”

Seniors find themselves in a similar situation at intersections where cars can turn right onto streets where pedestrians are currently crossing.

“Sometimes my trip is broken up, there are too many crossings”

One senior mentioned having problems with the streets’ terrain, as some streets are so steep that it becomes impossible to use them.

As public transport users

Some of the limitations the seniors mentioned refer to such deficiencies in the subway stations and at the bus stops as: lack of elevators or escalators, lack of personal service, lack of safety, and lack of public toilets, a service that seniors highly appreciate, especially if they are going to have a long wait time. As far as bus stops go, they demand more seats, sheltered areas, and easy-to-read information.

Even though seniors consider the subway a very fast means of transport, they do not think it suitable for mobility-impaired people among the elderly:

“Stairs are obstacles difficult to overcome for those of us who suffer osteoarthritis.”

Regarding the railway system, the most often cited difficulty is that the distance between the train and the platform can be difficult to cover for people with reduced mobility.

Fares were also discussed and, for many of the seniors who were interviewed, they are too high. In some towns, the senior discount for the subway only applies to one-way tickets but not to the 10-journey tickets, which can be purchased by all users at the same reduced price.
“The fares are very high. The senior discount fare is not any better than the fare for the 10-journey ticket that everybody can buy.”

There are other factors which discourage seniors from travelling by subway: low-frequency of service to the outskirts, lack of transversal public services (services that interconnect districts in the outlying areas of cities such as Valencia), or the necessity of changing trains, which forces them to go on foot part of the way. This problem also applies to the bus service.

“The bus and the subway often drop you off far from the place where you are going and you have to walk. It is difficult for me to walk so I prefer that somebody take me.”

“There is not much public transport in small towns. The elderly cannot go out unless they have somebody to take them.”

But on the whole, the subway is regarded as a comfortable mode of transport, even though standing during the trip can cause the elderly ergonomic problems:

“There are no handles to hold on to in the subway or they are too high and I can’t reach them.”

As far as the metropolitan bus service goes, as in Valencia for example, seniors note that the stops are not clearly indicated in advance. We need to take into account that most of the seniors who were interviewed do not reside in Valencia. The fact that buses can brake unexpectedly also represents a problem for the elderly who are not able to find a seat. They also have problems with the machines that mark the tickets.

“The machines which mark or sell you the tickets are a problem. They should have a person assisting the elderly.”

As bus users, they also have problems with the other passengers and with the drivers’ lack of courtesy. People are in a rush to get on and off the bus; some routes are not very flexible.

In the case of Elda, a small inland town, the bus service seems to be rather problematic. Complaints are mainly about the scarcity of routes, low bus capacity, the lack of information, and the irregularity of the service.

“On Sunday and Saturday there aren’t enough buses. Besides, the buses are too small.”

“There is not suitable information on schedules, routes, or daily bus services. The signs are not legible.”

Special vehicles and taxis

Taxis, ambulances and special vehicle services are not well rated for different reasons. In the small towns, the reasons are not purely economic. They also involve the senior’s relationships with their neighbours and the more communal way of life that is characteristic of suburban areas.

Nevertheless, other seniors consider it as important to have an ambulance service in their town:

“There is no ambulance service. My husband died because they did not arrive in time to help him.”

The current adapted taxi service seems to be insufficient and not very accessible.

“In the whole of Palma there is only one taxi that can accommodate a wheelchair. And think of how many taxis there are in Palma!”
As bicyclists

It is not very common to find bicyclists among the seniors interviewed. Generally speaking, riding a bicycle is not a very common activity among seniors. In fact, the safety conditions for bicyclists of any age are very precarious in Spain. In the case of the elderly, we also have to take into account their age limitations.

“At my age it is dangerous to ride a bicycle on the road because cars go very fast and I can’t keep my balance. They go by very fast and you can fall, but I do like riding my bike.”

Measures that are believed to be necessary to improve the situation

As drivers

One of the measures they suggested is having clear and high-impact signposting, especially in high-risk areas.

“They should place stop signs in the middle of the street, with flashing lights so people can easily see them and stop.”

As pedestrians

As pedestrians, seniors suggest improving the sidewalks: width, lower curbs, non-slip paving, etc. They also suggest turning the centre or parts of it into pedestrian streets.

“Build pedestrian streets.”

“Create pathways for pedestrians. The downtown area has to be for pedestrians.”

“Street furniture should be well organised and in its place.”

“Build public toilets; there aren’t any.”

They consider it necessary to limit vehicle speed and to better regulate traffic lights by providing safe pedestrian crossing times and by eliminating the “yellow-green” concurrence.

“Build speed bumps to slow cars down.”

Finally, senior assistance services should provide companions for people with mobility and social isolation problems.

“Social workers should accompany the elderly when they need to go out, even if it is only for a few hours. The elderly always look for protection.”

As public transport users

In relation to public transport, seniors very frequently request that measures are taken to improve frequency.

In the case of suburban and rural groups of seniors living in Bétera and La Eliana, frequency problems could be solved by building a shuttle or a double line to a nearby station. This line could travel twice as frequently to this station as to the other stations in these towns.

Seniors living in the outlying districts of Valencia demand that they extend public-transport routes to places such as the airport and to the shopping malls in the area.
“If there were more public transport, this would be a good place to live ...”
As mentioned before, another important request is that the public toilets that already exist in the stations are opened to the general public or that more toilets are built in those stations where there are none yet.
“I would build public toilets because sometimes it takes the subway 45 minutes to arrive and then you have to travel for half an hour. I would put up directions that are clearer and easier to see (as my friends get lost). I would also have more staff working there to assist the passengers, to give them directions, answer their questions, and it would be nice if there could always be someone at the ticket office.”
Regarding the circular route bus service, seniors suggests modifying bus stops to better meet their needs:
“Building comfortable shelters at the subway and bus stops where you can also find easy-to-read information about the service.”
As far as the bus service is concerned, most of the seniors who offer suggestions live in urban areas. The most relevant requests are to have somebody who can assist them onto the bus and that the buses better accommodate wheelchairs or pushchairs.

**Political measures**
The seniors who were interviewed believe that some political-municipal measures should be taken: more police presence and surveillance, and stricter penalties to enforce road and street courtesy and to keep the streets clean.
“Stricter penalties both for cars and for dog owners, who do not pick up their dog’s excrement.”

**Organisation of the elderly**
One of the seniors interviewed, who had experience organising elderly associations, expressed the opinion that it is necessary to motivate the elderly so that those who are in good health can lead their own organisations:
“People like me who work for mobility cannot find other people to take our place”; “It is necessary that someone takes our place... If we don’t do it this way, the elderly stay home, they get depressed and then they don’t leave the house any more.”
The seniors’ proposals to improve their ability to organise include: being active and being motivated to participate in city government; meeting with experts to ask questions or to receive relevant information; launching campaigns to promote the use of ‘Casales’ (senior social centres) and other forms of association for seniors.

**Special modified vehicles and taxis**
Participants propose creating some form of group or special transport for people with mobility problems. Taxis can serve this purpose, but they are too expensive for the limited budgets most seniors have. There is general agreement on the proposal of an ambulance service at their disposal near their homes.
“Some form of public transport is necessary for all those seniors with mobility problems, some form of special or modified transport that replaces taxis, as they are too expensive. This service could be financed by all users so as to minimise its cost for the elderly.”
In the interviewed seniors’ opinion, taxi use should be encouraged for retired people. In order to do so, the different public administrations should negotiate some form of taxi pass, similar to the pass used on buses.

“An network of ambulance services near where we live.”

As bicyclists

In some of the interviews with seniors living in suburban areas, the creation of a complete network of bicycle paths was sometimes requested.

“It would be necessary to construct a bicycle path that covered the outskirts of town and the residential areas.”

Planning and control

Other proposals relate to public space design and road policy in general.
The majority of seniors agree that the construction of more public toilets should be proposed.
The elderly women who were interviewed emphasised the importance of having more retirement homes. Among other advantages they offer to the elderly, they facilitate social encounters and they improve accessibility.
A woman in an industrial area proposed more environmental policies.

“Move the factories away from the town as they cause noise, bad smells, and traffic.”

Education

All seniors agree that more education and information is needed. They propose action on two levels:
At school: “Teach road safety and good citizenship at schools.”
Public-service information campaigns: “Raise young people’s awareness on the need to take care of their elderly, as elderly people need a lot of support.”

What prevents measures believed to be useful from being implemented?

Administrative conflicts and maintenance

Some of the problems that prevent measures from becoming effective are caused by bureaucracy and by a lack of planning in the administration.

It may be that the seniors’ most paradigmatic conflict is the conflict with younger generations:

“We are two societies that live at different speeds and we sometimes crash at an intersection just like cars and pedestrians do. The fact that some people feel free to use their motorbikes and make noise and challenge anyone is interpreted as aggression by the elderly, who are scared of such behaviour.”
There is a conflict between the elderly and other groups of public thoroughfare users. Seniors feel that most political and technical decisions favour motor vehicle users.

“They want to benefit drivers but they don’t think of anyone else.”

**Conflicts with neighbourhood associations**

“Some neighbourhood associations are against curb ramps. They are not very considerate. They have to realise they will also be old one day.”

Differences in political criteria:

“Changes of government; there is not a unified policy regarding the elderly. They use us during the elections and then they forget about us.”

“Election time issues and ignorance of our needs because they do not come to our neighbourhoods. If they don’t come to see our neighbourhoods, how can they know what we need?”

**Lack of information and lack of social awareness**

The problem with some of the initiatives implemented is that the groups that will be affected by them have not been properly informed.

“The different regional governments should inform the elderly periodically, as the elderly do not often read the newspapers. There should be an office dealing with seniors.”

“Poor manners. People also need to be aware that they live with others and that people do walk on the street. We all have problems, both pedestrians and drivers.”

**Lack of pressure**

It is difficult to have any political influence if people are not previously organised. Seniors believe that some of the problems that make organising difficult are: the elderly are a heterogeneous group of people; many of them have problems moving, others have problems with their eyesight or their hearing, and some have psychological problems. Then there are social and cultural differences and, last but not least, the elderly themselves believe that that is the way ageing goes and that there is nothing anybody can do about it.

On the one hand, they think that the elderly could achieve many things if they were actually ready to work for themselves, as they have great human potential and free time.

“The elderly don’t have the energy young people do, and that’s why we retire. But if there are enough of us with the necessary energy to co-ordinate and organise ourselves, we will be able to put some pressure on the institutions. Moreover, we represent a large group of voters.”

But they feel that the administration does not have the desire to listen to their voice:

“They don’t take any notice of us in City Hall when we request something. I think they don’t pay attention to us because we don’t have long to live and they don’t care.”

However, there is a feeling of ambivalence regarding their own ability to organise, to demand their rights, or to advise on measures related to their mobility.

“I think there are more elderly people associations everyday and they demand many things, but it seems to me that they do not discuss mobility that much.”
Financing or political return

For a large group of seniors, many of the improvements that the elderly see in urban areas do not reach suburban areas because they do not have a good political return. They are always late.

"Improvements are not seen everywhere. They are normally seen in the cities but not in the towns, where things seem to be a few years late. This is due to the government’s lack of planning and foresight."

Poor quality or insufficient measures

Some of the measures taken by the municipal governments are not entirely effective due to the fact that they are insufficient. They are insufficient either because they create other problems or because there is something missing that would make them more attractive or accessible.

"A bus service has started operating in town but the bus stops are not well equipped for waiting. If, when the bus comes by, there is nobody at the bus stop, the bus does not stop, but goes straight past."

In some cases, the resources set aside for the elderly are assigned a different use.

"We only have one neighbourhood policeman for the whole neighbourhood... there is no security and people with many limitations have a lot of problems."

It is not uncommon that works that were supposed to improve existing resources turn out to be inadequate, either because the facilities will not be used to their full extent or because they will cause more mobility problems.

"They did some work on the old paving but it ended up making the sidewalks even higher."

Lack of political will

They have the feeling that their requests are ignored or rejected for no sensible reason. One of the participants explained:

"There is a traffic light on X... street but cars dash through and don’t stop. One of those traffic lights that turns red when you exceed a certain speed (for example when you go over 40 km/h) was requested. But they told us it was too expensive. Then, the installation of rumble strips was requested, but the answer was that these strips could be dangerous for bikers, as they cause accidents when bikers drive too fast."

In this senior’s opinion, if there is no technical solution, political solutions should be found.

Lack of police

Most participants agree that the lack of police and police control is one of the main reasons why social norms and pedestrian mobility policies are not observed.

"There is hardly any police on the streets and this decreases elderly pedestrian mobility since vehicles do not respect them and constantly break the law."

"The municipal authorities are not strict enough. If they fined them more often, I bet they would learn their lesson."
CONCLUSIONS AND IMPLICATIONS OF DATA FOR DECISION-MAKERS OR POLICY-MAKERS

What is known, what is suspected, and what is new from interview data

Owing to the fact that no study of these characteristics has been previously conducted in Spain, it is likely that, contrary to what happens in other European states, we do not have enough criteria to answer separately the three questions that have been formulated in this sub-section’s heading. As regards Spain, we find that it is necessary to answer these three questions in a single sub-section.

The pioneer nature of this study in the Spanish state explains why the data obtained with these interviews have become known for the first time and, consequently why they have not been foreseen. At the same time, these data will have to be taken as assumptions to a certain extent, as future studies will have to be planned to confirm them.

Conclusions on the current mobility conditions for senior citizens in Spain

What experts know about the problems the elderly have in relation to their mobility conditions varies. Whereas in some large cities, like Barcelona, they had experience and had conducted studies in the fields of mobility and aging, in cities where clearly less resources are available, experts knew much less. However, in both cases the information obtained from the experts has been more consistent than the information obtained from the elderly.

Needs, habits and fears in relation to elderly mobility

As expected experts believe that seniors’ basic needs revolve around walking and leisure. They also acknowledge other needs such as health care and shopping, but always within the frame of “non-required” mobility.

Nevertheless, for the elderly some of these needs concern their responsibilities and are urgent:

a) Among other responsibilities, to take care of other elderly, a task that would be considered a job if it were carried out by a social worker; to take the children to day-care, to go shopping, to keep up their homes, etc.

b) In suburban and rural areas, using the car can be a necessity for retired people. For instance, they need it to go to the chemist, to go to work in the fields, to buy supplies in neighbouring towns, or simply to visit their families. The demand for an effective public transportation system in these areas is far from being satisfied.

Habits. Experts, both those whose understanding of these problems is based on field studies and those who base it on their own experience with the elderly, agree that the seniors’ two most common habits are following fixed itineraries and preferring to drive in low traffic areas. For their part, the elderly agree with this perception.

Fears. The experts’ view on elderly fears is superficial, as it is to be expected if we take into consideration that fear is a subjective experience. In the experts’ opinion, these fears would include being the victims of crime, being afraid of subway tunnels, and the fear of falling.
The elderly explain their fears in more detail. They feel afraid and vulnerable when they are alone at a bus stop or at any public transport station. They are afraid of crime and they are also afraid of travelling alone (especially the women), of getting lost or of having something happen to them when they might be among strangers. This phobic aspect has not been documented in the existing literature on mobility but it has been recorded by clinic psychology. It is well-known that anxiety disorders are more prevalent among men than among women and some authors maintain that the most common anxiety disorder among the elderly is agoraphobia.

As regards the general limitations affecting the elderly in relation to their mobility, the opinions expressed in these interviews follow the same lines as the results obtained in the 1999 Handicaps, Deficiencies and Health Survey of the National Statistics Institute (2000):

Even though some of the experts interviewed have participated in projects on elderly mobility, most of them admit to not having first-hand knowledge of the limitations facing the elderly. The most common limitations they have observed are slowness, difficulties when raising their feet, and lack of reflexes.

For the elderly, ageing is a varied and progressive deterioration process. Generally speaking, they do not think it will incapacitate them until they are over 75 years old. Some of the most common problems associated with age are inability to see the road, especially at night, and the problems that affect their ability to travel.

**Attitudes, conflicts and prejudices affecting the elderly in relation to their mobility**

According to the experts, the elderly have conflicts mainly on the road, as drivers, due to their slow pace.

It is somehow surprising that, when discussing elderly safety behind the wheel, some experts consider the elderly to be the cause of accidents. It is also surprising to see that most experts share the idea that seniors are one of the groups that most frequently infringes road safety regulations. The literature on this matter tends not to claim that elderly drivers are involved in more accidents than other groups of drivers, or to infringe rules more often.

As the interviews progress, the elderly also speak of being mistreated by other groups, not only as drivers or as pedestrians but also as public transport users and even in their communication with public institutions.

**Seniors’ specific mobility problems**

In line with what we know, both experts and the elderly identify two problems: living in old buildings that have not been modified and where there are no elevators, as this affects accessibility and mobility in general; and lack of services in the area where they live.

In the experts’ opinion, not enough attention is being paid to the problems of the elderly or of people with limited mobility who cannot use public transport.

The elderly also mention one more specific problem: the need to have duty chemists available in suburban and rural areas. We must remember that seniors are a group that is very dependent on the services provided by chemists.
Experts knowledge of the actions taken to improve elderly mobility

Most of the development projects undertaken take into consideration the recommendations of mobility-impaired groups, as experts do not believe they have enough specific knowledge of the problems facing the elderly. Nevertheless, most of the seniors interviewed are satisfied with these initiatives, especially with those concerning public transport and sidewalk adaptation.

Conclusions on how older people cope with their mobility conditions in Spain

Adapting to retirement conditions and age

In the experts’ opinion, retired people are aware of their own limitations and, as they lose faculties, they go through a process of self-regulation that is partially motivated by the fact that people in their social environment gradually limit their driving. Experts often use the word “resignation” when discussing this phase in an elderly person’s life.

The elderly admit to a certain deterioration of their faculties and that they feel vulnerable, but they also feel active and able to structure their lives around a new set of obligations and a new lifestyle. This view of themselves is in line with the state of the art literature study.

Mobility patterns

In the experts’ opinion, there are gender differences relating to public transport use and also relating to the percentage of elderly people that give up going out. Cars and subways are more commonly used by men whereas women tend to go on foot or by bus.

The elderly to different degrees are aware of their limitations, but those who continue driving tend to resort to certain strategies to overcome their limitations. Others stop driving due to family pressure. Generally speaking, drivers are reluctant to give up driving except when they need to go to the city or they have to drive in dense traffic areas. Those who suffer from some form of cardiovascular or locomotive system disease consider having their own car indispensable for their mobility. In any case, losing or having their driving licence revoked is not a determinant factor, as many elderly will maintain their mobility at all costs. Once more, this makes clear that the elderly are not a homogenous group of people.

The bus is the preferred means of transport in urban areas such as Barcelona and the subway is the mode of choice in suburban areas in the outlying districts of Valencia. The fact that the subway in Valencia runs on the surface for long stretches outside the centre most likely influences this choice.

Strategies

The strategies elderly people use when travelling by foot range from carefully selecting their itineraries, to using support aids such as shopping trolleys, or another person or companionship.
Conclusions on what enhances the mobility of senior citizens in Spain

As drivers

In the experts’ opinion, what elderly drivers appreciate the most is respect, to be allowed to reduce their speed, and to evaluate conditions as they need to; consequently, they also appreciate that traffic signs are easy to locate and read.

The elderly admit to having some problems the first time they encounter roundabouts or other new traffic structures, but they value road design and the security features in new vehicles. The shortage of parking spaces and the cost of pay car parks may sometimes discourage them from travelling.

As pedestrians

Experts believe that the demands of mobility-impaired people groups also help elderly people who travel on foot, for example when they demand for sidewalks that are free of obstacles, low curbs, tactile paving, ramps and fixed street furnishings. Some of the projects that were developed at the request of mobility-impaired groups and that now benefit everybody include green areas and benches, and traffic lights at pedestrian crossings that provide ample time for crossing.

The elderly include among their demands the following: more police presence in the streets or the presence of people who are authorized to assist them; restricted traffic areas or calmed traffic areas (sleeping policemen, etc.); and fluid pathways for pedestrians. In sum, a complete “chain of accessibility” with the addition of the human presence.

As public transport users

Public transport is now being substantially renovated in most of the cities and towns where the interviews were conducted. Now that most of these renovation projects have been completed, the experts believe that the elderly will appreciate the new bus, subway and tram unit’s accessibility, comfort and capacity. Bus stops have also been remodelled (installation of boarding platforms), elevators have been installed in subway stations and new public transport routes have been implemented. All the cities and towns included in these interviews have some kind of fare reduction for the elderly in place, even though these reductions respond to different criteria.

Elderly people value these improvements. In addition, the possibility of sharing their trip with people they know or of looking out the window exert great influence on the transport choices they make. They also appreciate small public transport units that facilitate access to those areas that bigger transport units cannot reach.
Conclusions on what limits the mobility of senior citizens in Spain

As drivers

Some experts believe that the driving licence renewal mechanism is inadequate. On the other hand, having their driving licence revoked represents for elderly drivers an important loss and an unwelcome change in their lifestyle.

In the experts’ opinion, roundabouts are the more difficult item for elderly drivers to deal with, as they are not sure of how to calculate distances.

The elderly believe that the most serious problem on public thoroughfares are bikers (i.e., motorcycle riders) and their unpredictable driving style, not the elderly.

As pedestrians

According to the experts, the main problems senior pedestrians have are: insufficient number of traffic lights, inadequate crossing times, inadequate signposting, and the inappropriate location of pedestrian crossings. Secondly, sidewalks are also a problem, and in particular narrow sidewalks, obstacles, and slippery paving. Noise and chemical pollution, and poor signposting are also considered to be quite inconvenient.

The seniors interviewed explain the problems they have with sidewalks in greater detail. Hence, problematic sidewalks are described as those that cannot be used by an elderly person travelling with a companion or by someone pushing a shopping trolley. They also mention the problems they have with slippery garage entrance ramps and with the lack of hygiene; also, they mention the insufficient number of sidewalks in some public thoroughfares, and a lack of trees, benches to sit on, and green areas. Regarding traffic lights, they have problems with their synchronisation, and in particular they have problems interpreting who has the right of way at intersections with yellow flashing lights.

As public transport users

Both experts and seniors agree that these are the principal problems in this area: inadequate design of seats, seats not reserved for disabled persons, bus capacity during peak hours, bus company staff and drivers’ behaviour and service, insufficient information on schedules and routes.

In inland urban areas, public transport services are relatively rudimentary in comparison with public transport services in large urban areas. In suburban and rural areas, the problem with public transport is that the radial service that runs from the city to the outlying areas is not regular enough and that there are no transversal connections to other towns.

The lack of public toilets in public transport stations discourages seniors from travelling. Their fear of finding themselves alone in public transport stations or bus stops is better known.

Special vehicles and taxis

Experts and seniors tend to agree once more. Even though for many seniors taxis are the first choice regarding public transport, they do not use them often because they are too costly for the pensioner’s budget.
As bicyclist

It is not common to find seniors who ride their bicycles in Spain, as there are no suitable routes for those who would rather use this means of transport.

Other mobility difficulties

Experts mention that the absence of elevators in the buildings where the elderly live and steep stairs discourage the elderly from leaving the house, especially those who live alone. According to one group of experts, greater risk of accidents is inherent to elderly mobility patterns. This risk seems to be related to the more erratic mobility patterns that characterise the so-called “non-required mobility”. “Non-required mobility” is regulated less by strict time limits and, therefore, less subject to risk control.

Conclusions on what measures are needed to improve the mobility of senior citizens in Spain

As drivers

The experts interviewed agreed on the need to take measures that may not specifically address seniors’ needs but that will benefit them in particular. These measures are: to reduce driving speed, to launch awareness-raising campaigns for drivers, to improve signposting, and to increase the number of parking spaces.

As drivers, the elderly did not offer many suggestions, except for the need to improve lighting and the need for clear and well visible signs at high-risk points.

As pedestrians

Besides mentioning some commonly accepted measures (improving signposting, lighting, paving, and better control over illegally parked cars), the experts made some interesting suggestions, such as creating alternative pedestrian itineraries in those places where it is not possible to increase pedestrian crossing times, even if these itineraries turn out to be longer. They also proposed giving pedestrians more space by levelling all roadways and street intersections and suggested that architectural elements should be located to make cars yield the-right-of-way (pylons, benches,...).

Seniors suggest improving sidewalks and building pedestrian streets in the city centre. They consider it necessary to limit vehicle speeds and to regulate traffic-light cycles so as to facilitate and ensure safe crossing. Finally, they propose fostering companion services for people with mobility or social-isolation problems.

As public transport users

The experts believe it necessary to conduct studies to determine the level of demand among elderly users. Some of this studies have already been conducted in large cities. Experts in one of the suburban groups proposed creating mobility information points in small and medium-size towns.
The seniors unanimously agree that it is necessary to increase public-transport frequency and accessibility. In suburban and rural areas their suggestions point to the need to implement transversal public-transport routes that interconnect towns in the outlying areas.

**Political measures and regulations**

The public-policy measures mentioned by the experts include subsidies for public transport and, eventually, for individual transport also. They also recommend helping create the conditions necessary to allow the elderly to age in places where their needs can be better met.

For seniors, political measures should aim at guaranteeing that current regulations are enforced and that city planning takes more into account their travelling needs.

**Organisation of the elderly**

The experts believe that if the elderly organise political action-groups and counselling bodies they will be able to play an active role when the criteria for the projects that affect them are being defined.

However, the elderly who have experience in organising believe that measures should be taken to encourage seniors to lead these kinds of organisations. Their recent experience in this field leads them to demand more support and commitment from the institutions where they are active.

**Special vehicles and taxis**

Both experts and seniors propose the implementation of some form of ‘taxi pass’ (subsidised taxis) to allow the elderly to use taxi services at more reasonable rates. This initiative is already being implemented by many regional governments.

**Social programs**

In the experts’ opinion, and in particular in the opinion of experts who work in the social service sectors, more social programs to facilitate the use of public transport and to prevent immobility caused by isolation are needed.

Seniors also propose road safety courses in the academic curriculum and institutional campaigns on good driving practices.

**Conclusions on what prevents measures believed to be useful from being implemented in Spain**

**Conflicts among groups**

Experts in some of the groups have had the experience that certain groups of citizens (for instance shopkeepers) are against pedestrian streets, even though these groups usually end up realising that the measure benefits them. The experts believe that all groups interested should support and promote these kinds of measures. Technical experts solve problems as they encounter them but their solutions are not always acceptable for all groups. This
problem may be solved by reaching an agreement. Unfortunately, seniors in many cities will not be represented in this agreement.

**Differences in political criteria**

There is a general consensus among the experts that the current imbalance between motorised and non-motorised transport is due to the fact that there is a political interest in maintaining a certain commercial speed. Specifically, political leadership is to blame for limiting the seniors’ advisory role in those cities where they are represented in the institutions.

Senior citizens feel used when politicians ask for their vote during election time and then lose interest in their problems.

**Lack of information-education**

Information is very important and should always form a part of implementations. In the words of one of the experts, a spokeswoman: “measures should always be accompanied by explanations.” For different reasons, seniors do not always receive information; at other times measures are implemented in a very restricted way (for disabled people use only); and, occasionally, the solutions for mobility problems of seniors are not very reasonable, as in the case of the wheelchair lifts that have been installed in some escalators in subway stations.

Technical experts are not sufficiently trained or motivated to learn about the accessibility and mobility problems that face people with reduced mobility.

In the seniors’ opinion, lack of information is a prevalent problem. They often do not know about new public transport lines. It may be that the amount of information given is sufficient for some groups but not for the elderly.

**Lack of pressure**

According to the experts, the elderly cannot be characterised as a group of citizens that work for their rights, as is the case with disabled people. Thus, their needs can only be met as long as they coincide with the needs of the disabled. The more pressure they put on the administration, the more likely it is that their demands will be met.

Seniors believe that to put pressure on public institutions, they first need to organise. Organising can be a problem for the elderly, as they face various limitations. Finally, the elderly need leaders. Organising can be stressful for the elderly and it is not encouraged by public institutions.

**Financing or political return**

In order to make public transport cheaper, it is necessary to subsidise, to improve existing infrastructures and to use public funds that are managed by politicians. It is necessary to create awareness because when public funds are used to make improvements in one area they are taken away from another.

Some pedestrian behaviour is not properly studied or understood. The experts admit to a need for information and often having to look for it in other countries.
“Social Welfare” experts call attention to the fact that there is no coherent policy on elderly assistance. Financial aid is difficult to obtain and also scant. Moreover, taking care of the elderly is considered an obligation and not a job.

The seniors interviewed in rural and suburban areas maintain that many of the improvements made in urban areas never reach suburban areas because the political return is not high.

**Lack of quality or insufficient measures**

In the experts' opinion, many of the implementations needed by the elderly (curb ramps, pedestrian crossings, routes, etc.) are not well built or designed and, consequently, they are not likely to be used. For example, wheelchair lifts can be dangerous, or at least can turn into a problem, if there are no qualified members of the staff available when the lifts are needed.

Incomplete implementations are also a problem, for example when the local bus service does not stop unless the driver sees passengers waiting. The elderly believe that this is not good for them because bus stops are not equipped for waiting. Other plans are implemented without first conducting usage studies.

**Political will and regulation criteria**

There is a lack of political will to develop and enforce existing laws. The so-called “Ley urbana 98” has not been articulated as a set of regulations, as it is a regional law and municipalities do not have their own ordinances. The local “Agenda-21” (official measures plan) constitutes a special case, even though it has failed in many towns.

In cities where the elderly are represented by an advisory council, the communication with the different technical departments that should always be in contact with the council fails, and the council's advisory role is not fulfilled.

**Implications of these findings for decision-making or policy-making in Spain**

Several different implications can be derived from the results obtained from the qualitative study of the interviews conducted with experts and seniors.

1) It is evident that a deeper understanding of the limitations and needs affecting groups such as the elderly should be included in the training of technical experts and people responsible for elderly mobility. This training should be carefully prepared and studied by different professional associations and university departments so as the contents and the teaching tools used in the different courses share a unified approach. The 2004-2012 National Accessibility Plan (Ministry of Work and Social Affairs, 2003) represents a step in this direction in Spain.

2) The elderly population is very varied. This may explain why neither the experts, nor the general public, or the elderly themselves can clearly identify their limits and needs. This ignorance undoubtedly contributes to the general public’s lack of awareness of this problem. It is necessary to educate the general public in order to change at least the stereotypical notion that only disabled people in wheelchairs benefit from plans that improve accessibility and mobility conditions. There are other handicaps and conditions that not only affect disabled people (~4% of the population) but also the elderly (a ~15% of the country's total population, a third of
which are disabled, as well). However, in principle, many more people would benefit from such measures: People with prams, carrying things, pedestrians generally, etc..

3) The distinction between “required” and “non-required” mobility can cause administrators to develop discriminatory financial aid policies based exclusively on productivity criteria. Taxi subsidies are a paradigmatic case. In most of the autonomous communities where these subsidies have been implemented, the elderly do not qualify to receive them. Given the fact that taxis and other modified vehicles are needed by the elderly and offer many advantages for elderly travelling, the possibility of subsidies for the elderly should be considered.

4) The idea that senior drivers are a problem and, therefore, they should stop driving is widespread. Nevertheless, urban, suburban, and rural mobility and car use patterns differ. Seniors residing in suburban areas use the car more often than seniors in urban areas; however, they do not usually drive their cars into the city and they follow short and fixed driving routes and schedules in their area. Given their needs, a driving licence is very useful for the elderly in suburban areas. On the other hand, elderly drivers feel that some people are prejudiced against their driving. They mention that the unpredictable driving style of, e.g., young motorbike users represents a danger and that many drivers are disrespectful to other (older) drivers and to pedestrians who are slower.

5) Along the same lines as the preceding, it is necessary to pay attention to complaints from the elderly about being mistreated by other social groups, not only as drivers or pedestrians but also as public transport users and in their dealings with public institutions. Some surveys have already identified this problem.

6) Regarding the issue of the seniors’ defending their own mobility rights, we find problems on at least two levels. First, at the organising level, it is difficult to find people capable of becoming suitable leaders, mainly because seniors are difficult to motivate. Second, up to the present experience puts in doubt the independence of the seniors’ advisory organisations (counselling councils, Elderly Person Defender, etc.). They usually depend on a particular political party and their relationships with other technical departments are purely symbolic. In this context, it is unlikely that they can exert any real pressure.

7) The ageing of the population, and in particular the ageing of the driving population, should be taken into account when planning and developing new projects, as becomes clear when the problems with street illumination are mentioned in the interviews.

8) Certain needs are pressing, such as the need to receive pharmaceutical assistance. There are regulations on the distribution of chemists and duty chemists but they do not take into account that transport is an inherent problem in suburban areas. Modes of public transport may not be the key to solving this problem. Rather, public institutions and professional associations should commit to finding an acceptable solution.
IV. GENERAL CONCLUSIONS BASED ON THE COMPARISON OF NATIONAL QUALITATIVE DATA

The study of problems of senior citizens’ mobility has to be interdisciplinary and cross-cultural in nature. In consequence, studying the problems demands both a specific research methodology, which would allow tapping this diversity and complexity, as well as multidimensional solutions. Thus, the methodology used in SIZE WP3 and WP4 project, including a combination of focus group interviews, in-depth interviews and questionnaires, conducted with seniors and experts target groups, proved to be successful. It has also been revealed that measures expected for implementation concern many diverse areas and perspectives, like the personal perspective, the environmental/social perspective, the technical perspective and the law/policy perspective.

MAIN FINDINGS

General

There was a considerable amount of agreement between experts and seniors in respect to the structure of seniors’ mobility problems. Interviews with seniors and experts did not differ significantly. Senior citizens raised more issues and experts proposed more systematic measures. However, the discussed problems were in principle the same. Thus, it might be concluded that experts’ awareness of different aspects of ageing and mobility and of the elder adult’s needs overlap with the senior’s point of view satisfactorily. However, the experts’ awareness is much clearer with regard to technical and law perspectives of seniors’ mobility, whereas personal and social perspectives of mobility problems are to some extent less strongly considered by them. In some discussions these perspectives have been tacitly presupposed by experts as common knowledge.

One of the sources of this agreement between seniors and experts might be a fairly stable pattern of senior citizens activity. The structure of everyday mobility of seniors, as revealed by the study, is similar across the countries. Basic needs in the mobility domain include daily activities (shopping, running errands, health care), walking (for fun, with children, the dog) and leisure (mental activity: cinema, theatre, TV watching, reading books, listening to the radio, playing cards, playing internet games, artistic activities and physical activity: gymnastics, countryside journeys, garden works). It is important to notice that among other responsibilities, seniors often emphasised their involvement in taking care of other elderly or children. As many seniors stated, this type of activity is an important source of self-acceptance and self-esteem; feeling important and useful. In other words, elders need to feel needed; both aspects give the possibility to meet new challenges and to accept new tasks and reflect the absence of the feeling of being redundant.

It seems that participation in religious services is more stressed in Austria, Poland and Spain than in other countries. But one may suppose that people do not want to take up this topic so much. We dare to assume that religion/spirituality plays an important role in connection with one’s mobility.

As to the motives and reasons for going out, our study confirmed the existence of the ‘old person stereotype’, with the corresponding groups of elders avoiding any sort of activity. Such senior citizens, for instance, claim that there is everything in old people’s homes. According to this, an old person is supposed to be passive and not participating in social life actively or/and is not interested in physical exercising. The reason for this is often supposed
to be rooted in psychological conditions, such as depression, lack of motivation, fears, and loneliness that may become more frequent and intensive with age.

**Personal perspective**

One important factor hampering senior citizens’ mobility is fear. As it can be observed across the countries, the structure of seniors’ fears is also quite stable. The construct includes general fears for safety in streets: fear for personal security, fear of walking by night, especially in rural areas, fear of being clamped by the crowd, and related situations. A separate class of fears is connected with the use of public transport: fear of overcrowded public transport vehicles and fear of being pushed around when trying to get on a public transport vehicle during peak times. Another fear is connected with bicyclists - you cannot hear them, they are ruthless. The wish for a higher number of policemen at regular duty on the streets is often asked for by the elderly, and seen as one way to reduce fear in many respects.

Scepticism towards novelty and new technologies and devices is also an important factor. Both seniors and experts emphasise technological acceleration as the main problem in elder age. The only exception were the German seniors, they claimed that their attitude toward novelty is positive.

Another class of fears is more directly connected with the decreased seniors’ stamina and health problems. Fear of falling and injury (but also fear of lack of toilets in public places, or a generalised fear that "something might happen") is in some cases accompanied by a fear of lack of help from other people. Some experts emphasised that seniors’ safety on a street might be negatively affected by the elderly’s unrealistic estimation of their own abilities and capacities and their tendency to targeting unrealistic goals.

**Social /environmental perspective**

According to the data received in our study, the basic source of support for elders is the existence of other people. Living together with a partner means to receive help and support also in case of mobility problems. The social network of support includes also other members of the family, mainly the children, neighbours, but also other - unknown - people in the street. The help of volunteers, nurses and other employees in social care institutions are vitally important as well. However, social care is perceived as rather insufficient, supposedly due to financial reasons. On the other hand, the participants emphasised better spontaneous social support for the elderly by other persons in suburban and rural areas because of a less anonymous life.

Surprisingly, the role of friends in dealing with mobility problems seems to be less important. This might be caused by an increasing death rate among peers, decreased opportunity and willingness to make new close friendships, as well as distances between their places of living. Thus, a lot of elder adults experience loneliness. Policy can help in this respect by creating and maintaining social centres.

The help obtained from others includes assistance in everyday activities (mainly shopping and healthcare). However, according to seniors, simply having a company for a walk seems to be underestimated. As seniors claim, good will of other people enhances the overall mobility of older people by, e.g., helping them on and off a bus. Such help is, however appreciated most if it comes along as friendliness among equals (and not as an act of mercy).

Societal attitudes towards senior citizens differ greatly, according to what the elderly report: Rather rarely, a positive and respectful attitude is observed. Usually, more ambiguous
attitudes were reported, reflecting benevolence and cultural respect of age on the one hand, but also lack of respect and interest in elderly people’s problems on the other hand. Also rather negative attitudes were sometimes reported. However, both kinds, positive and negative tendencies – according to experts – may be tacit and people do not discuss those issues sufficiently.

Specific aspects of social attitudes of senior citizens were exposed in relation to other groups of road users, especially drivers. Elderly reveal negative prejudices in relation to other drivers, who are perceived as aggressive, inconsiderate, and lacking courtesy. On the other hand, the issue of driving and ageing reveals many controversies among experts. According to some experts, senior drivers require a frequent medical check-up. However, in some countries medical check up is conducted for senior citizens only after road accidents. But such extraordinary regulations for older citizens also could be rated as discrimination of age as some experts mentioned.

**Technical perspective**

Technical aspects of moving around are always very central factors, which determine senior citizens’ mobility. In all countries participating in the SIZE project the gathered data supported this statement strongly. There was consensus between many experts and seniors with respect to the conditions of accessibility to public transport in rural and urban areas. At a first glance the responses seem to have a lot in common, specifying a huge amount of problematic aspects of the traffic environment. But upon detailed inspection they are slightly different, and as it seems this is due to the level of economic and technological development. In some countries pedestrians’ needs are not considered at all when planning traffic infrastructure. In most countries sidewalks and pavements, if existing, are often narrow and of bad surface-quality. Even if pavements are broad enough, they are full of road signs that are for the car traffic, advertisements, tables and chairs for restaurants and pubs. Crossings are sometimes located erroneously, road signs are missing, traffic light periods are too short to cross the street, and maintenance is generally poor.

The commonly suggested improvement in traffic infrastructure is installation of beep signal systems and longer phases of green light for the pedestrians on pedestrian crossings. Insufficiency of cycling road infrastructure is reported. Walking and cycling paths should be generally separated and broader pedestrian areas in the cities are required.

Also, there is an apparent discrepancy between the urban and rural areas in traffic infrastructure. In all countries that participate in SIZE the public-transport systems in rural areas are seen as not satisfying, while the demands of seniors for accessible and comfortable mobility modes increase. As a consequence, senior inhabitants of urban areas say that they are more mobile and that they use more different modes of transport than seniors living within the rural area.

From a technical perspective, the most important finding is that senior and expert groups of all partner countries appreciate the progress in adaptations of public transport to senior citizens’ needs. Low-floor buses and trams, although still not sufficient in number in suburban and rural areas, elevators in subway stations, comfortable seats in bus and tram stops, etc., are seen as useful devices that enhance senior citizens’ mobility. The main negative exception is represented by the railway systems: There are still a lot of difficulties with access to train wagons from platforms (e.g. height-differences). The wagons are rarely adapted to the needs of elderly or/and disabled citizens (e.g. wheel-chair access) and often far from representing barrier-free design. Thus, although a lot was done in the public-transport area, public transport still needs a lot of improvement.
The differences in public-transport organisation in urban and rural districts are clearly visible. Bus or train connections are rare in rural districts, some lines only operate on special days - Sundays, workdays, etc. – some of them only once or twice a day, etc.. Train services are being continuously reduced in the less densely inhabited regions due to economical considerations and constraints. Lack of direct connections between small towns makes it necessary to travel longer distances via major towns. Taxis are too expensive for senior citizens.

In public buildings and private homes seniors experience many mobility problems. The most important reason to go out for them is to reach different public places like social care institutions, municipal offices, hospitals, pharmacies, doctors’ practices, groceries. It is important to facilitate senior citizens’ mobility inside buildings in connection with enabling their barrier-free access to the road. However, there is too little progress in adaptation of private houses and public buildings to seniors’ needs. New buildings are usually – but not always - properly adapted, while old ones are often still difficult to access because of the height of stairs, the lack of elevators, slippery floors, narrow staircases, doors which are hard to open, etc. It is necessary to eliminate those obstacles. Public buildings and private houses should possess as standard lifts and driveways, and where appropriate also escalators. With regard to private houses, adjusted equipment in bathrooms (shower and bath tubes with appropriate handles, anti skid mats, lighting, etc.) and toilets (handles, mats) is seen as a very important factor of safety inside the building. Seniors living in suburban and rural areas have to face a lot of infrastructure problems, as lack of shopping facilities, social care institutions, religious centres, etc. Some of those who can afford this, therefore, move to urban districts and city centres, changing big apartments to smaller ones that are better located and adjusted to elder citizens’ needs. As to the housing conditions, bad infrastructure is particularly often emphasised in suburban and rural areas.

Legal and policy perspective

According to our data, state policy in most of the participating countries is not focused on specific needs of senior citizens. A typical decision maker and planner is, according to experts, a car driver, aged between 30 and 65 years. He has difficulties in seeing mobility from the seniors’ perspective. Pedestrians, and seniors among them who represent a rather large part of the pedestrians, are discriminated as road users in state policy (“second-class” road users). However, seniors and experts expect a change in actual trends of policy towards senior citizens at all levels, social, technical, and decisional, not least because they are a rapidly increasing part of the population.

Today, however, seniors perceive members of governmental and local authority institutions as not being interested in elderly citizens’ needs and problems. The reason for this is that the seniors, in comparison to other groups in society, are not very influential. They do not constitute a strong lobby group that would be able to put the authorities under real pressure. The lack of public representation of seniors was reported in most of the countries represented in SIZE. Various associations of senior citizens significantly contribute to public life only in a few cases. In some countries the role of representing seniors is partially substituted by disabled people's organisations.

As a result, many countries lack laws and regulations that require the adjustment of planning, engineering and education to seniors’ needs. For example, only a few regulations are established in the area of building biking lanes, or in the domain of adjusting old public buildings to the mobility needs of senior citizens. The urban spatial development is chaotic and unstructured. Sometimes the proper regulations are accompanied by too many exceptions, and sometimes they are poorly executed. However, sometimes it also happens...
that there are too many rules and regulations, which makes them ineffective in a different way.

**One methodological consideration**

Both the experts’ and the seniors’ answers in the in-depth interviews are basically the same as those in the focus groups. All experts strongly confirmed their positions already expressed. Even if they sometimes presented some new ideas, it was obvious that an open discussion with other experts is more stimulating for defining problems and for thinking about solutions. The same is valid for the senior citizens. The FGI is the method to be preferred if people are asked to discuss matters of practice. Theory would predict this, with the exception of intimate questions, which one would not like to discuss “in public”. One conclusion after this research is that when dealing with similar questions in the future as dealt with in SIZE, we will mostly rely on Focus-Group interviews as the method of choice.

**THE RELATIONSHIP BETWEEN MOBILITY PRECONDITIONS AND QOL**

In order to evaluate the results of the qualitative interviews under the perspective of the relationship between mobility preconditions and QoL we remind of some models of QoL in the State-of-the art report. A very comprehensive model, referring both to subjective and objective aspects, is the one of the University of Oklahoma, School of Social Work. This institute has presented a systems model\(^5\) of QoL, which gives an excellent overview about central domains of QoL research, building on the kernel elements Relationships with family & friends, Work, Neighbourhood/Shelter, Community, Health, Education, and the Spiritual sphere; all these elements are weighted according to the cultural environment one has grown up in, the demographic characteristics of the society where one has grown up, and one’s socio-economic conditions. The degree of satisfaction with respect to these kernel elements results in one’s sense of well-being, or in other words and seen in a somewhat broader way, one’s QoL.

---

\(^5\) Available in the internet under the address: www.gdrc.org/uem/qol-define.html
Mobility as the ability to move (walking, grasping, reaching out etc.) in the indoor as well as the outdoor area constitutes a prerequisite of QoL beyond controversy, because mobility is seen as the basis of an independent life, and an independent life is supposed to be the aim of every person. Persons with limitations in mobility often report a limitation of their QoL. Further indications of the importance of mobility for a satisfying QoL are the many attempts to improve the quality of life in persons with mobility disorders by reducing the disorders or coping with them more successfully.

Following the WHO definition of health as physical, psychological and social well-being, the authors take this distinction as a possibility to describe the dimensions of the concept of QoL. Intercultural comparability and investigation of cultural interdependency of values and preference structures are key dimensions in this concept. The questions in the WHO QoL Questionnaire refer both to the subjective assessment of life-conditions, and in parallel objective parameters are registered. The questions and parameters cover as main components objective life conditions (environment, living conditions), subjective well being (i.e. satisfaction with living conditions) and personal values and aspirations (i.e. the importance one attributes to different aspects of one’s living conditions).
In its kernel part, then, the questionnaire discriminates between six broad domains of quality of life, each subdivided into some facets that specify the character and meaning of the domains. As displayed in the table below, they are Physical health, Psychological health, Independence, Social Relations, Environment, and Spirituality. In the right column, the QoL dimensions in the model of the School of social work, University of Oklahoma are placed in parallel to the WHO dimensions. There is a good coverage, as can be seen.

<table>
<thead>
<tr>
<th>WHO</th>
<th>University of Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health: Energy and fatigue, pain and discomfort, sleep and rest</td>
<td>Health</td>
</tr>
<tr>
<td>Psychological: Bodily image and appearance, negative feelings, positive feelings, self-esteem, thinking, learning, memory and concentration</td>
<td></td>
</tr>
<tr>
<td>Level of Independence: Mobility, activities of daily living, dependence on medical substances and medical aids, work capacity</td>
<td>Work</td>
</tr>
<tr>
<td>Social Relations: personal relationships, social support, and sexual activity</td>
<td>Family and friends, Social relationship</td>
</tr>
<tr>
<td>Environment: Financial resources, freedom, physical safety and security, social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure, physical environment (pollution/noise/traffic/climate), transport</td>
<td>Neighbourhood/Shelter Community Education</td>
</tr>
<tr>
<td>Spirituality/Religion/Personal beliefs: Religion/spirituality/personal beliefs (Single facet)</td>
<td>Spirituality</td>
</tr>
</tbody>
</table>

These are just two QoL models taken from the SIZE State-of-the-art report that summarise research results quite convincingly. When looking at these models and when reflecting on the statements and arguments received with the help of the qualitative interviews, a relationship between mobility and QoL, the central postulate of SIZE, becomes more obvious. Why so?

The main and at the same time most simple argument that one may use in order to connect the above elements that constitute QoL to mobility is the fact that, in contrast to plants, human beings have to move around in their environment in order to satisfy their needs. If they cannot move around, as babies, due to disease, after severe accidents, due to general weakness at very old age, etc., others have to move around for them and supply them with what they need. Now the QoL cannot be discussed from a mobility point of view with respect to babies: They tend to be happy, one may say. But as far as all other people beyond baby-age are concerned, not being able to move means at least a severe short-coming in the Independence domain, one of the central domains in the WHO concept. Moreover, in such a case one is not healthy, which is considered as a decisive quality in all QoL models.

But in fact, it is absurd to discuss whether being tied to one’s bed or even just to one’s home, not being able to leave it, decreases one’s QoL, even if in an empiricist society one would suggest to ask representative samples of immobile people how they feel.

A more pragmatic position one can take is that we (= people) need to be mobile in order to be able to satisfy our needs. These needs are reflected and summarised in a plausible way by the models referred to above. Thus, being able to satisfy these needs is related to QoL even if the relationships are not all direct, nor bidirectional, and other relationships are quite complicated: Whether one has enough money or not does not depend on one’s mobility preconditions, while living in the city the mobility preconditions there certainly have the
potential to improve chances to earn money; or if one has very good mobility preconditions, this does not mean that his or her social contacts are satisfying. But as a matter of fact, in order to do things one likes to do – and this wording may well reflect a stronger and more direct relationship to QoL – one needs to be able to move away from one’s bed and home, and mostly for somewhat longer distances, starting from 2 or 3 minutes walk.

The experts asked in the qualitative interviews in all countries where the interviews have been carried out name health and health care, the supply with everyday goods to satisfy the simple but essential needs, social contacts, the wish to help others and to be of some value for society (including the concept of “work”), cultural interests, and spirituality that people want or have to satisfy. This should be possible, they say, under conditions of good comfort, safety and security.

The elderly themselves, again in all countries involved in SIZE, confirm most of what the experts have said. Health care, social contacts, cultural and leisure activities, supply with everyday goods and services are most often related to being mobile, and thus to mobility preconditions. They also confirm that mobility, in order to meet their needs, should be possible under the conditions of comfort, safety and security. There are, however, at least two quite important additions:

Firstly, the wish of being independent is expressed rather clearly by the interviewed senior citizens. If the mobility preconditions are restrictive for them, they need help from others in order to be able to satisfy certain needs. In contrast to that, good mobility preconditions allow them to be autonomous and self-sufficient.

Secondly, senior citizens stress the importance of a satisfying communication with the social environment. This last aspect refers, among others, to the wish to be respected. When trying to relate this latter argument to the mobility preconditions, all the comments referring both to infrastructure and traffic planning that are seen as being strongly car-oriented, and to public-transport personnel (e.g. bus drivers) that does not show much concern with respect to the elderly passengers’ needs, etc., then the impression becomes very strong that to be treated as a full-scale citizen is one of the most important issues for the seniors.

Thus one can interpret the results of the qualitative interviews quite strongly in the following way: The manner in which society tries to adapt mobility preconditions to the needs of the elderly reflects, in their eyes, the importance that is attributed to them. Good preconditions mean respect, and being respected is an important precondition for a good QoL, we could conclude.

When neglecting, at the moment, all more detailed suggestions for improving mobility preconditions for the elderly - such suggestions will be developed and elaborated on extensively in the course of the coming activities in SIZE - and when just trying to formulate a conclusion with respect to necessary measures on the meta-level, then the following recommendation can be given: Try to improve the relationship between the generations. This recommendation should not be misunderstood as a naive fairy-tail wish, but is rather referring to education of the public and to the training and the education of experts. All of us should learn more about what it means to become older and how living conditions change with increasing age. In the beginning, this is relevant with respect to other people who are older, but year by year this becomes more and more important for each of us.

And as far as the experts are concerned, who set the scene for the living of all of us, they have to learn more about the needs of the different groups of the elderly, and how one has to act in more detail, as an expert, in order to meet those needs appropriately.
APPENDIX - Research procedure and statistical analysis of interview questionnaires

CONTENTS

STATISTICAL ANALYSIS OF INTERVIEW QUESTIONNAIRES ..............................................3
1. Introduction and methodological aspects ................................................................. 3
2. Results of the frequency analyses ........................................................................... 8
3. Results of the differential analyses ........................................................................ 18
4. Results of the correlational analysis ....................................................................... 25
5. Complementary graphical information .................................................................. 28

AUSTRIA [PARTNER 02] ..................................................................................................31
GERMANY [PARTNER 03] .................................................................................................35
IRELAND [PARTNER 04] ..................................................................................................45
ITALY [PARTNER 05] ......................................................................................................53
SWEDEN [PARTNER 06] .................................................................................................58
POLAND [PARTNER 07] .................................................................................................63
CZECH REPUBLIC [PARTNER 08] ..................................................................................66
SPAIN [PARTNER 09] .....................................................................................................69
SPECIAL ANNEX - SPANISH SAMPLE .........................................................................81
STATISTICAL ANALYSIS OF INTERVIEW QUESTIONNAIRES

1. INTRODUCTION AND METHODOLOGICAL ASPECTS

Each of the subjects participating in this phase of the project was invited to fill out two instruments:

a) The so-called “Participant Registration Form” (PRF), with different versions for seniors and experts, designed to collect personal data on the participant as well as other data of interest, such as the frequency of use of different forms of transport. The version for Seniors also asks for data on sex, age, living area, living conditions, educational level, impaired condition, etc.

b) A 5 question questionnaire called “FQQ”, so that on a 5 point Likert type scale (1=very bad, 2=bad, 3=neither-nor, 4=good and 5=very good), each participant could express his/her point of view on the quality of the conditions of mobility of the elderly with regard to five types of travel: driving a car, cycling, walking, using public transport and general mobility preconditions.

The original English instruments (see the following pages) were translated into the respective native languages. Both instruments were presented by the team of researchers to each of the participants in the interviews carried out in this phase of the project.

In the case of the sample of seniors, given that they were different for each of the two interview modalities (group and individual), the questionnaires were always presented in a personal way, in both the Focus Group and the In-Depth interviews. In the case of the expert sample, given that they were the same for both types of interview, the questionnaires were presented in the Focus Group interviews.

Based on the data gathered from these two instruments, a series of statistical analyses were carried out whose most interesting results will be presented in this section. All of the processing was done with the statistical packet S.P.S.S., Spanish version 11.5.

Three types of statistical analyses were carried out: frequency analyses, differential analyses and correlational analysis.

Analysis of frequencies

These analyses were carried out with those variables that were considered adequate for showing homogeneity of criteria in their operationalisation.

This small study has shown the need to unify criteria for some variables (as different countries have different criteria when considering the values to assign, for example, when a person is considered “impaired” and whether needing help to get around is a test of incapacity - to some degree - or not). In order to guarantee a correct comparison and interpretation of the statistical results, those variables that produced methodological doubts have been left out of this study. This does not mean that they cannot be returned to at some time or phase of the project. It is also important to state that these variables are perfectly apt for studying within the national context of each country participating in the consortium (under the specific criteria). Therefore, they have been made available to each partner so that these data can be used and interpreted within the corresponding cultural context where, without doubt, they will make more sense and be more useful.
Finally, the results, at times as absolute frequencies and others as percentages (depending on how they could best be interpreted), have been grouped and presented in tables created for this purpose.

**Statistical significance tests**

Comparisons were carried out between interest groups (e.g.: Seniors versus Experts) on those variables susceptible to this analysis, within each participating country (national sample) and with the entire sample (all countries together).

For these comparisons, after checking hypotheses, the Mann-Whitney Non-parametric “U” was applied, and a two-tailed significance was calculated.

**Correlations**

Some correlational analyses were carried out with the purpose of discovering tendencies in the relationships between the data. These tendencies allow us to establish hypotheses for future analysis and/or investigation.

For these bivariate analyses, the Pearson correlational coefficient and the two-tailed significance were calculated.
## 1.1 the Personal Registration Form for seniors

### PRF-s
(participant registration form for SENIORS)
To fill in with each participant.

<table>
<thead>
<tr>
<th>Participant name: ...................................................................................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEASE MARK WITH ☒</td>
</tr>
</tbody>
</table>

| Male ☐ Female ☒ |

<table>
<thead>
<tr>
<th>Age group:</th>
<th>1 65-74</th>
<th>2 75-84</th>
<th>3 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living area: Urban ☐ Suburban ☐ Rural ☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Main mobility mode and frequency of use (please answer every mode):

<table>
<thead>
<tr>
<th>Mode</th>
<th>3 very often</th>
<th>2 relatively often</th>
<th>1 hardly ever</th>
<th>0 never</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Pedestrian:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Car driver:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public transport user:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cyclist:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mobility impaired: ☐ NO ☒ YES

He/she uses the following walking aid (more than one possible)

<table>
<thead>
<tr>
<th>Walking-stick</th>
<th>Walking-frame</th>
<th>Crutch</th>
<th>Other: ____________________________</th>
</tr>
</thead>
</table>

Living in:

<table>
<thead>
<tr>
<th>1 his/her home (alone or with partner)</th>
<th>2 nursing home/geriatric (with other seniors)</th>
<th>3 children’s home (with his/her children)</th>
</tr>
</thead>
</table>

Education: ☐ elementary ☐ middle ☐ higher

Working activity: ☐ not working ☐ part time ☐ full time

Phone contact (for establishing interview time or carrying out interview):

Number: ................................................. Best time to call: from .......... to .......... & from .......... to ..........

Any special day that we should call: .................................. or that we should not call: .............................

Identification of Interview: Date: .................. Moderator/leader: ..................................................

COMMENTS/OBSERVATIONS:
1.2 the Personal Registration Form for experts

**PRF-e**
*(participant registration form for EXPERTS)*
To fill in with each participant.

Participant name: ...........................................................................................................

Responsibility: ....................................................................................................................

Main mobility mode and frequency of use (please answer every mode with ☑):

- **Pedestrian:**  
  - very often ☑
  - relatively often ☐
  - hardly ever ☐
  - never ☐

- **Car driver:**  
  - very often ☑
  - relatively often ☐
  - hardly ever ☐
  - never ☐

- **Public transport user:**  
  - very often ☑
  - relatively often ☐
  - hardly ever ☐
  - never ☐

- **Cyclist:**  
  - very often ☑
  - relatively often ☐
  - hardly ever ☐
  - never ☐

- **Other:** __________________________  
  - very often ☑
  - relatively often ☐
  - hardly ever ☐
  - never ☐

Phone contact (for establishing interview time or carrying out interview):

Number: ................................................. Best time to call: from........to........ & from..........to......... .

Any special day that we should call: ........................................ or that we should not call:.......................

E-mail address: ....................................................................................................................

Identification of Interview: Date.................. Moderator/leader:.................................................

COMMENTS/OBSERVATIONS:
1.3 the Five Questions Questionnaire

FQQ-Seniors-Experts version. Country: ....................................
(to be answered right after FGI by each interviewee)

FIVE QUESTIONS ABOUT MOBILITY PRECONDITIONS

Could you be so kind as to answer the following short questions by putting a mark (☐) on
the scale, according to your own assessment:

1. According to your opinion, the preconditions for senior citizens to **drive a car** are...
   very bad       bad       neither-nor       good       very good
   ☐              ☐         ☐               ☐           ☐

2. What do you think about preconditions for senior citizens for **cycling**? According to your
   opinion, they are...
   very bad       bad       neither-nor       good       very good
   ☐              ☐         ☐               ☐           ☐

3. What do you think about preconditions for senior citizens for **walking**? According to your
   opinion, they are...
   very bad       bad       neither-nor       good       very good
   ☐              ☐         ☐               ☐           ☐

4. How about public transport? The preconditions for senior citizens for using **public
   transport** according to your opinion are...
   very bad       bad       neither-nor       good       very good
   ☐              ☐         ☐               ☐           ☐

5. What is your general opinion? **General mobility preconditions** for senior citizens are...
   very bad       bad       neither-nor       good       very good
   ☐              ☐         ☐               ☐           ☐

*** Thank you for your help! ***
2. RESULTS OF THE FREQUENCY ANALYSES

2.1 The seniors' sample

For this type of analysis, the variables that have finally been considered in the case of the SENIORS' sample are the following:

a) Obtained from “PRF”:

- National participation (country-partner)
- Sex
- Age group (65-74, 75-84 & =>85 years old)
- Living area (urban, suburban & rural)
- Frequency of displacement as pedestrian
- Frequency of displacement as driver
- Frequency of displacement as public transport user
- Frequency of displacement as cyclist
- Frequency of displacement by other modalities not mentioned
- Living conditions (home, nursing/geriatric & children’s home)
- Educational level (elementary, middle & higher)
- Impaired mobility condition (no & yes)

b) Obtained from “FQQ”:

- Valuation of elder’s mobility conditions for driving
- Valuation of elder’s mobility conditions for cycling
- Valuation of elder’s mobility conditions for walking
- Valuation of elder’s mobility conditions for using public transport
- Valuation of elder’s general mobility preconditions

Note: For the correct interpretation of the results that will be presented below, it is advisable to keep in mind that the “PRF” asks each sample (seniors, experts) about the frequency of their use of each modality: the seniors answer about themselves and the experts answer about themselves. However, in the “FQQ”, both the seniors and the experts are asked about the quality of the conditions of each modality for the elderly; that is, both seniors and experts rate the same conditions, those of the elderly population at the current time.

In the following table, we present the level of participation of seniors by countries in the SIZE consortium.

<table>
<thead>
<tr>
<th>Table 2.1-1: Seniors' participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>Austria</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Sweden</td>
</tr>
<tr>
<td>Poland</td>
</tr>
<tr>
<td>Czech R.</td>
</tr>
<tr>
<td>Spain</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
It is useful to clarify that these data reflect the number of “valid” cases based on those who correctly filled in the questionnaires, so that there may be discrepancies with the data offered in previous sections of this report where the sample participating in the interviews is described. The “%” column presents the percentages of participation calculated with regard to the entire valid sample.

The following table reports on the level of participation by sex among the seniors.

<table>
<thead>
<tr>
<th>Country</th>
<th>Female</th>
<th>Male</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>37</td>
<td>12</td>
<td>49</td>
</tr>
<tr>
<td>Germany</td>
<td>39</td>
<td>26</td>
<td>65</td>
</tr>
<tr>
<td>Ireland</td>
<td>39</td>
<td>11</td>
<td>50</td>
</tr>
<tr>
<td>Italy</td>
<td>29</td>
<td>15</td>
<td>44</td>
</tr>
<tr>
<td>Sweden</td>
<td>20</td>
<td>28</td>
<td>48</td>
</tr>
<tr>
<td>Poland</td>
<td>42</td>
<td>24</td>
<td>66</td>
</tr>
<tr>
<td>Czech R.</td>
<td>60</td>
<td>29</td>
<td>89</td>
</tr>
<tr>
<td>Spain</td>
<td>41</td>
<td>35</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>307</td>
<td>180</td>
<td>487</td>
</tr>
</tbody>
</table>

It can be seen that the level of participation by women almost doubles that of men.

With regard to the participation by age groups, we obtained the following distribution:

<table>
<thead>
<tr>
<th>Country</th>
<th>65 to 74</th>
<th>75 to 84</th>
<th>85 and older</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>22</td>
<td>19</td>
<td>8</td>
<td>49</td>
</tr>
<tr>
<td>Germany</td>
<td>31</td>
<td>31</td>
<td>3</td>
<td>65</td>
</tr>
<tr>
<td>Ireland</td>
<td>26</td>
<td>22</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Italy</td>
<td>26</td>
<td>18</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Sweden</td>
<td>31</td>
<td>16</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>Poland</td>
<td>35</td>
<td>23</td>
<td>8</td>
<td>66</td>
</tr>
<tr>
<td>Czech R.</td>
<td>37</td>
<td>42</td>
<td>10</td>
<td>89</td>
</tr>
<tr>
<td>Spain</td>
<td>45</td>
<td>29</td>
<td>2</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td>253</td>
<td>200</td>
<td>34</td>
<td>487</td>
</tr>
</tbody>
</table>

Regarding the distribution of the sample according to age group, the scant participation of seniors equal to or older than 85 years of age seems reasonable. These data confirm our experience in this phase of the project, in the sense that it was quite difficult to find participants in this age group, as the participation of people of such an advanced age encounters important obstacles. For example, many are not in condition to move around (see results on the frequency of the response category “never” to the question on “displacement as pedestrian” in Table 5). The lack of motivation to participate in activities that do not form part of the daily routine (like those required by this project) has also been observed as a characteristic of this age group, as well as a high prevalence of sensorically handicapped persons (hard of hearing,...), which made their participation difficult even when they were motivated.
The frequency results regarding the type of area of residence (urban, suburban, rural) are shown in the following table.

<table>
<thead>
<tr>
<th>Country</th>
<th>Urban</th>
<th>Suburban</th>
<th>Rural</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>73,5%</td>
<td>0%</td>
<td>26,5%</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>35,9%</td>
<td>50,0%</td>
<td>14,1%</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>34,7%</td>
<td>51,0%</td>
<td>14,3%</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>43,2%</td>
<td>29,5%</td>
<td>27,3%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>44,7%</td>
<td>42,5%</td>
<td>12,8%</td>
<td>100%</td>
</tr>
<tr>
<td>Poland</td>
<td>59,1%</td>
<td>31,8%</td>
<td>9,1%</td>
<td>100%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>77,5%</td>
<td>15,7%</td>
<td>6,7%</td>
<td>100%</td>
</tr>
<tr>
<td>Spain</td>
<td>34,2%</td>
<td>56,6%</td>
<td>9,2%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>51,7%</td>
<td>34,7%</td>
<td>13,6%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Participant samples from the Czech R., Austria and Poland are mostly composed of urban residents, while suburban residents are pre-eminent among the participant samples from Spain, Germany and Ireland.

The following tables, from Table 5 to Table 9., present the results on the frequency of the use of the transport/displacement modalities considered (walking, driving, use of public transport, cycling and other modalities).

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>4,2%</td>
<td>10,4%</td>
<td>37,5%</td>
<td>47,9%</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>1,5%</td>
<td>18,5%</td>
<td>52,3%</td>
<td>27,7%</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>10,0%</td>
<td>20,0%</td>
<td>32,0%</td>
<td>38,0%</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>2,3%</td>
<td>9,1%</td>
<td>25,0%</td>
<td>63,6%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>2,1%</td>
<td>6,3%</td>
<td>25,0%</td>
<td>66,7%</td>
<td>100%</td>
</tr>
<tr>
<td>Poland</td>
<td>9,4%</td>
<td>20,3%</td>
<td>28,1%</td>
<td>42,2%</td>
<td>100%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>4,5%</td>
<td>30,3%</td>
<td>34,8%</td>
<td>30,3%</td>
<td>100%</td>
</tr>
<tr>
<td>Spain</td>
<td>0%</td>
<td>7,9%</td>
<td>21,1%</td>
<td>71,1%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>4,1%</td>
<td>16,5%</td>
<td>32,2%</td>
<td>47,1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the above table, it can be highlighted that there is a significant percentage of seniors participating in the interviews that responded “never” on the displacement as “pedestrian” modality. It is curious to obtain such high percentages (which in some cases reach 9 and 10%) of seniors interviewed that “never” travel on foot. We do not know whether these percentages correspond to the number of seniors who are impaired or to a particular way this population interpreted the response categories used.

On the other hand, the participant samples from Spain, Sweden and Italy, in that order, have stated a greater senior pedestrian mobility; while the Czech R., Ireland and Poland presented less pedestrian mobility.
Table 2.1-6: **Seniors’ displacement as drivers**

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>32,6%</td>
<td>26,1%</td>
<td>21,7%</td>
<td>19,6%</td>
</tr>
<tr>
<td>Germany</td>
<td>17,5%</td>
<td>25,4%</td>
<td>42,9%</td>
<td>14,3%</td>
</tr>
<tr>
<td>Ireland</td>
<td>59,2%</td>
<td>2,0%</td>
<td>16,3%</td>
<td>22,4%</td>
</tr>
<tr>
<td>Italy</td>
<td>9,1%</td>
<td>47,7%</td>
<td>25,0%</td>
<td>18,2%</td>
</tr>
<tr>
<td>Sweden</td>
<td>18,8%</td>
<td>0%</td>
<td>16,7%</td>
<td>64,6%</td>
</tr>
<tr>
<td>Poland</td>
<td>72,3%</td>
<td>12,3%</td>
<td>9,2%</td>
<td>6,2%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>80,9%</td>
<td>6,7%</td>
<td>3,4%</td>
<td>9,0%</td>
</tr>
<tr>
<td>Spain</td>
<td>60,5%</td>
<td>9,2%</td>
<td>21,1%</td>
<td>9,2%</td>
</tr>
<tr>
<td>Total</td>
<td>48,8%</td>
<td>14,7%</td>
<td>18,5%</td>
<td>18,0%</td>
</tr>
</tbody>
</table>

In Sweden, we find the greatest percentage of drivers among the seniors’ participant sample; while lower percentages pertain to the Czech R., Poland and Spain.

Table 2.1-7: **Seniors’ displacement as public transport users**

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>4,1%</td>
<td>20,4%</td>
<td>26,5%</td>
<td>49,0%</td>
</tr>
<tr>
<td>Germany</td>
<td>12,3%</td>
<td>55,4%</td>
<td>21,5%</td>
<td>10,8%</td>
</tr>
<tr>
<td>Ireland</td>
<td>14,6%</td>
<td>12,5%</td>
<td>37,5%</td>
<td>35,4%</td>
</tr>
<tr>
<td>Italy</td>
<td>4,5%</td>
<td>34,1%</td>
<td>13,6%</td>
<td>47,7%</td>
</tr>
<tr>
<td>Sweden</td>
<td>22,9%</td>
<td>6,3%</td>
<td>33,3%</td>
<td>37,5%</td>
</tr>
<tr>
<td>Poland</td>
<td>16,7%</td>
<td>19,7%</td>
<td>40,9%</td>
<td>22,7%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>12,4%</td>
<td>20,2%</td>
<td>27,0%</td>
<td>40,4%</td>
</tr>
<tr>
<td>Spain</td>
<td>21,1%</td>
<td>44,7%</td>
<td>22,4%</td>
<td>11,8%</td>
</tr>
<tr>
<td>Total</td>
<td>14,0%</td>
<td>27,8%</td>
<td>27,8%</td>
<td>30,3%</td>
</tr>
</tbody>
</table>

All countries’ participant samples share a similar public transport frequency of use, except those from Germany and Spain, with a clear lower frequency.

Table 2.1-8: **Seniors’ displacement as cyclists**

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>73,9%</td>
<td>13,0%</td>
<td>6,5%</td>
<td>6,5%</td>
</tr>
<tr>
<td>Germany</td>
<td>57,1%</td>
<td>20,6%</td>
<td>12,7%</td>
<td>9,5%</td>
</tr>
<tr>
<td>Ireland</td>
<td>91,7%</td>
<td>2,1%</td>
<td>2,1%</td>
<td>4,2%</td>
</tr>
<tr>
<td>Italy</td>
<td>93,2%</td>
<td>4,5%</td>
<td>2,3%</td>
<td>0%</td>
</tr>
<tr>
<td>Sweden</td>
<td>29,2%</td>
<td>6,3%</td>
<td>14,6%</td>
<td>50,0%</td>
</tr>
<tr>
<td>Poland</td>
<td>81,8%</td>
<td>3,0%</td>
<td>10,6%</td>
<td>4,5%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>83,1%</td>
<td>11,2%</td>
<td>3,4%</td>
<td>2,2%</td>
</tr>
<tr>
<td>Spain</td>
<td>93,4%</td>
<td>3,9%</td>
<td>2,6%</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>76,7%</td>
<td>8,3%</td>
<td>6,7%</td>
<td>8,3%</td>
</tr>
</tbody>
</table>

The Swedish make up the participant sample that has reported a greater use of the bicycle; while the Italians, Spanish and Czechs scarcely use it. It is curious to see that countries like Italy and Spain, in which the climate is favourable to the use of the bicycle, show so little use of this form of transport. This may be indicative of a lack of supportive policies by the
administrations of these countries toward this type of transport that produces so much social and personal benefit.

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>50,0%</td>
<td>25,0%</td>
<td>22,2%</td>
<td>2,8%</td>
</tr>
<tr>
<td>Germany</td>
<td>81,4%</td>
<td>14,0%</td>
<td>4,7%</td>
<td>0%</td>
</tr>
<tr>
<td>Ireland</td>
<td>21,7%</td>
<td>26,1%</td>
<td>17,4%</td>
<td>34,8%</td>
</tr>
<tr>
<td>Italy</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sweden</td>
<td>25,0%</td>
<td>10,4%</td>
<td>35,4%</td>
<td>29,2%</td>
</tr>
<tr>
<td>Poland</td>
<td>80,3%</td>
<td>9,1%</td>
<td>6,1%</td>
<td>4,5%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>65,2%</td>
<td>23,6%</td>
<td>11,2%</td>
<td>0%</td>
</tr>
<tr>
<td>Spain</td>
<td>64,5%</td>
<td>25,0%</td>
<td>7,9%</td>
<td>2,6%</td>
</tr>
<tr>
<td>Total</td>
<td>62,5%</td>
<td>17,9%</td>
<td>12,7%</td>
<td>6,9%</td>
</tr>
</tbody>
</table>

Other seniors’ transport modalities seem to be relevant for the Swedish and Irish participant samples, but not as much for the others.

The following table shows the life conditions of the senior participants with regard to where and with whom they reside.

<table>
<thead>
<tr>
<th>Country</th>
<th>His/her home</th>
<th>nursing home/geriatric</th>
<th>children’s home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>60,4%</td>
<td>39,6%</td>
<td>0%</td>
</tr>
<tr>
<td>Germany</td>
<td>70,8%</td>
<td>27,7%</td>
<td>1,5%</td>
</tr>
<tr>
<td>Ireland</td>
<td>85,7%</td>
<td>10,2%</td>
<td>4,1%</td>
</tr>
<tr>
<td>Italy</td>
<td>93,2%</td>
<td>0%</td>
<td>6,8%</td>
</tr>
<tr>
<td>Sweden</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Poland</td>
<td>56,1%</td>
<td>9,1%</td>
<td>34,8%</td>
</tr>
<tr>
<td>Czech R.</td>
<td>48,3%</td>
<td>46,1%</td>
<td>5,6%</td>
</tr>
<tr>
<td>Spain</td>
<td>94,7%</td>
<td>0%</td>
<td>5,3%</td>
</tr>
<tr>
<td>Total</td>
<td>73,2%</td>
<td>18,8%</td>
<td>8,0%</td>
</tr>
</tbody>
</table>

Despite the fact that most of the seniors’ participant sample lives at home as owners, we observe some particular features: The greatest percentage of senior citizens living in their children’s homes is found among the Polish participants; the most relevant percentage of senior citizens living in a nursing home or a geriatric facility is found among the Czech, Austrian and German participant samples; and finally, the greater percentage of those seniors living at home is found among the Swedish, Spanish and Italian participants. When reading these figures it is important to keep in mind that those distributions correspond to our sample; therefore – without further knowledge - one should refrain from drawing conclusions about the actual distributions in the respective countries based on our material.
The percentage results regarding the level of education found in the sample is shown in the following table.

<table>
<thead>
<tr>
<th>Table 2.1-11: Seniors’ level of education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Austria</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Sweden</td>
</tr>
<tr>
<td>Poland</td>
</tr>
<tr>
<td>Czech R.</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The values corresponding to Spain are missing, as they could not be collected. Summarising, it seems that the samples used are fairly balanced.

The following table shows the percentages of “impaired” seniors found in the samples recruited, whereupon respondents were asked to classify their own condition as impaired or not impaired; thus this question provides us with knowledge about their subjective assessment of their situation.

<table>
<thead>
<tr>
<th>Table 2.1-12: Seniors’ mobility condition - impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Austria</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Sweden</td>
</tr>
<tr>
<td>Poland</td>
</tr>
<tr>
<td>Czech R.</td>
</tr>
<tr>
<td>Spain</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

As can be seen, Ireland and the Czech Rep. show the highest percentages of participants who consider themselves as being “impaired”.

Finally, the following table presents the statistical Medians of the responses given by the sample from each country and the total for each of the questions on the FQQ questionnaire. The Median has been used as a representation of the main tendency (instead of the Mean) due to the characteristics of the variables (ordinal scales). With these values, the reader can get a quick idea of the most representative response given by the sample from each country to each of the questions on the questionnaire.

The complete text of the 5 questions, as well as the possible responses offered, have been included below in the table.
The highest valuations are given by Swedish and German senior citizens, while the Irish participants offer the lowest. It also is apparent that the conditions for walking and of public transport are generally evaluated more positive (Median of 4) than for driving a car and for cycling (Median of 3 respectively 2).

### 2.2 The experts' sample

For this type of analysis, the variables that were finally considered for the case of the **EXPERTS’ sample** are the following:

**a) Obtained from “PRF”:**

- National participation (country-partner)
- Frequency of displacement as pedestrian
- Frequency of displacement as driver
- Frequency of displacement as public transport user
- Frequency of displacement as cyclist
- Frequency of displacement by other modalities not mentioned

**b) Obtained from “FQQ”:**

- Valuation of elder’s mobility conditions for driving
- Valuation of elder’s mobility conditions for cycling
- Valuation of elder’s mobility conditions for walking
- Valuation of elder’s mobility conditions for using public transport
- Valuation of elder’s general mobility preconditions
Note: For the correct interpretation of the results that will be presented below, it is advisable to keep in mind that the “PRF” asks each sample (seniors, experts) about the frequency of their use of each modality: the seniors answer about themselves and the experts answer about themselves. However, in the “FQQ”, both the seniors and the experts are asked about the quality of the conditions of each modality for the elderly; that is, both seniors and experts rate the same conditions, those of the elderly population at the current time.

As in the above epigraph, in the following table we first present the level of participation of experts by country in the SIZE consortium.

<table>
<thead>
<tr>
<th>Table 2.2-1: Experts’ participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>Austria</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Sweden</td>
</tr>
<tr>
<td>Poland</td>
</tr>
<tr>
<td>Czech</td>
</tr>
<tr>
<td>Spain</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

You will recall that the experts had a different version of the “personal registration form” (PRF), in which they were not asked for the variables on personal data (sex, age, ....) that were collected from the seniors, as they were not relevant to the objectives of this project. The variables collected in each population’s version of the PRF are described at the beginning of the chapter "2. Results of the frequency analyses", p. 8

The following tables, from Table 2 to Table 6, present the results on the frequency of the use of the different modalities of transport/displacement considered (walking, driving, public transport using, cycling and other modalities).

Note: in Sweden the PRF could not be applied to the sample of experts, so that the data cells corresponding to this country are left blank in the following tables.

<table>
<thead>
<tr>
<th>Table 2.2-2: Experts’ displacement as pedestrian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
</tr>
<tr>
<td>Austria</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Sweden</td>
</tr>
<tr>
<td>Poland</td>
</tr>
<tr>
<td>Czech</td>
</tr>
<tr>
<td>Spain</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Table 2.2-3: **Experts’ displacement as drivers**

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>10.7%</td>
<td>42.9%</td>
<td>21.4%</td>
<td>25.0%</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>19.2%</td>
<td>34.6%</td>
<td>7.7%</td>
<td>38.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>10.3%</td>
<td>6.9%</td>
<td>10.3%</td>
<td>72.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>0.0%</td>
<td>28.6%</td>
<td>42.9%</td>
<td>28.6%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Poland</td>
<td>7.1%</td>
<td>7.1%</td>
<td>21.4%</td>
<td>64.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Czech</td>
<td>28.9%</td>
<td>28.9%</td>
<td>23.7%</td>
<td>18.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Spain</td>
<td>3.2%</td>
<td>29.0%</td>
<td>25.8%</td>
<td>41.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>12.4%</td>
<td>25.4%</td>
<td>21.4%</td>
<td>40.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

It should be pointed out that Italy and Spain show the lowest percentages of experts who do not use the car as their means of transport, and in Ireland and Poland more experts use the car “very often”.

Table 2.2-4: **Experts’ displacement as public transport users**

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>0.0%</td>
<td>7.1%</td>
<td>35.7%</td>
<td>57.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>0.0%</td>
<td>46.2%</td>
<td>30.8%</td>
<td>23.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>3.7%</td>
<td>59.3%</td>
<td>14.8%</td>
<td>22.2%</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>0.0%</td>
<td>23.8%</td>
<td>47.6%</td>
<td>28.6%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Poland</td>
<td>3.6%</td>
<td>42.9%</td>
<td>35.7%</td>
<td>17.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Czech</td>
<td>0.0%</td>
<td>18.4%</td>
<td>21.1%</td>
<td>60.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Spain</td>
<td>29.0%</td>
<td>38.7%</td>
<td>16.1%</td>
<td>16.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>5.5%</td>
<td>33.2%</td>
<td>27.6%</td>
<td>33.7%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Austria and the Czech Rep. are the countries where the experts have stated they use public transport with high frequency.

Table 2.2-5: **Experts’ displacement as cyclists**

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>32.1%</td>
<td>32.1%</td>
<td>21.4%</td>
<td>14.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>11.5%</td>
<td>46.2%</td>
<td>26.9%</td>
<td>15.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>67.9%</td>
<td>25.0%</td>
<td>7.1%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>38.1%</td>
<td>38.1%</td>
<td>19.0%</td>
<td>4.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Poland</td>
<td>28.6%</td>
<td>42.9%</td>
<td>21.4%</td>
<td>7.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Czech</td>
<td>15.8%</td>
<td>52.6%</td>
<td>18.4%</td>
<td>13.2%</td>
<td>100%</td>
</tr>
<tr>
<td>Spain</td>
<td>54.8%</td>
<td>45%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>35.0%</td>
<td>41.0%</td>
<td>16.0%</td>
<td>8.0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

It is again interesting to observe the low use of the bicycle in sunny Spain. Nothing can be added to the comments already made on the corresponding results obtained from the sample of seniors.
Finally, the following table shows the statistical medians of the responses given by the sample from each country and the total for each of the questions on the FQQ questionnaire. The Median was used as a representation of the main tendency (instead of the mean) due to the characteristics of the variables (ordinal scales). With these values, the reader can get a quick idea of the most representative response given by the sample from each country to each of the questions on the questionnaire.

The complete texts of the 5 questions, as well as the possible answers offered, have been included below the table.

It would be advisable to keep in mind that in this version of the questionnaire for experts, they were asked their opinions on the mobility conditions of the elderly, that is, the same questions as the senior sample.

<table>
<thead>
<tr>
<th>Country</th>
<th>never</th>
<th>hardly ever</th>
<th>relatively often</th>
<th>very often</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>22.7%</td>
<td>63.6%</td>
<td>4.5%</td>
<td>9.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Germany</td>
<td>43.8%</td>
<td>50.0%</td>
<td>0%</td>
<td>6.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Ireland</td>
<td>54.5%</td>
<td>27.3%</td>
<td>18.2%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Italy</td>
<td>90.9%</td>
<td>0%</td>
<td>9.1%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Sweden</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Poland</td>
<td>89.3%</td>
<td>3.6%</td>
<td>3.6%</td>
<td>3.6%</td>
<td>100%</td>
</tr>
<tr>
<td>Czech</td>
<td>55.3%</td>
<td>28.9%</td>
<td>13.2%</td>
<td>2.6%</td>
<td>100%</td>
</tr>
<tr>
<td>Spain</td>
<td>80.6%</td>
<td>9.7%</td>
<td>3.2%</td>
<td>6.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>62.7%</td>
<td>25.3%</td>
<td>7.6%</td>
<td>4.4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2.2-7: **Experts’ median valuations on current elders’ mobility conditions**

<table>
<thead>
<tr>
<th>Country</th>
<th>FQQ1</th>
<th>FQQ2</th>
<th>FQQ3</th>
<th>FQQ4</th>
<th>FQQ5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Germany</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ireland</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Italy</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2-3</td>
<td>2</td>
</tr>
<tr>
<td>Sweden</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Poland</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Czech</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2-3</td>
</tr>
<tr>
<td>Spain</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>General</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Note:

FQQ1: “According to your opinion, the preconditions for senior citizens to drive a car are... 1=very bad, 2=bad, 3=neither-nor, 4=good, 5=very-good”.

FQQ2: “What do you think about preconditions for senior citizens for cycling? According to your opinion, they are... 1=very bad, 2=bad, 3=neither-nor, 4=good, 5=very-good”.

FQQ3: “What do you think about preconditions for senior citizens for walking? According to your opinion, they are... 1=very bad, 2=bad, 3=neither-nor, 4=good, 5=very-good”.

FQQ4: “How about public transport? The preconditions for senior citizens for using public transport according to your opinion are... 1=very bad, 2=bad, 3=neither-nor, 4=good, 5=very-good”.

FQQ5: “What is your general opinion?. General mobility preconditions for senior citizens are... 1=very bad, 2=bad, 3=neither-nor, 4=good, 5=very-good”.
One interesting result is that the experts have shown a tendency to rate the current mobility conditions of the elderly lower than the elderly themselves did. This result would indicate a high degree of conformity of the elderly with their mobility situation or, looked at from another point of view, a greater degree of unconformity or a higher exigency level on the part of the sample of experts regarding the current conditions under which the elderly get around.

3. RESULTS OF THE DIFFERENTIAL ANALYSES

The main objective of these analyses was to check on statistically significant differences between Seniors and Experts. These analyses were carried out on those variables that were common to the two types of samples: the frequency of use of the different modes of mobility and the valuations given to the current mobility conditions of the elderly people as evaluated by the FQQ.

Furthermore, with the objective of having a global measure of the quality of the conditions of mobility of the elderly, one more variable was calculated (in addition to the 5 obtained directly from the FQQ questionnaire). This new measure was obtained by simply adding the valuations given on the 5 questions. This variable appears in the last row of the table under the name “global score”.

The following tables present, in a condensed way, the results obtained along with their statistical significance.

Keep in mind that for the questions on “mobility mode importance”, the frequency of use of each of the 5 mobility modalities for each type of sample (seniors about seniors and experts about experts) is requested, while in the 5 questions on the FQQ, both the seniors and the experts are asked to evaluate the current mobility conditions of elderly people (Elders).

First, (Table 1) an analysis was carried out using the general sample (all countries) of the SIZE consortium, in order to obtain a global view. Then, the analysis was repeated specifically with the sample from each member country of the consortium in order to obtain a characteristic profile of each participating country.
From a general point of view, for all the consortium together, we find 2 statistically significant differences with regard to the frequency with which each group uses the different transport modalities: as drivers and as cyclists, both in favour of the experts (the experts use these 2 forms of displacement more than the Seniors, while in the other forms of transport studied, there are no statistically significant differences in the frequency of use).

Regarding the valuation of the current mobility conditions of the elderly, this is where the two groups of population groups studied (seniors-experts) appear most differentiated: with the exception of the modality “drive a car”, in which there were no statistically significant differences in their ways of rating the current conditions of the elderly for this modality, on the rest of the questions on the questionnaire the seniors have valued more favourably than the experts, to a statistically significant degree, the current conditions of mobility of the elderly.

Summing up in a few words, the differential results seem to confirm the tendency, already indicated by the frequency results, that the seniors rate the conditions of mobility of the elderly higher than the Experts do, with the exception here of the conditions for “driving a car” (in which a statistically significant difference was not reached).

However, the statistical evidence of this differentiation between the values given by each type of population varies according to the country studied. This “national” variation can be observed in the following tables, in which the study of statistical differences was carried out within each country participating in the project.
Thus, in Austria the seniors and experts interviewed differ significantly only on the frequency of use of the bicycle (in favour of the Experts).

Regarding how both types of samples rate the conditions of mobility of the elderly in Austria, the Experts interviewed rate the current conditions of the elderly for driving a car significantly better than the seniors do, and they rate the current conditions of the elderly both as pedestrians and users of public transport significantly worse than the Seniors themselves do. Furthermore, there are no significant differences on the general questions (general mobility and global score).

* Note: only statistically significant results (with p<0.05) are indicated.
The German experts do not significantly differ from the German seniors as far as the frequency of displacement as pedestrians and drivers is concerned. There are significant differences regarding the use of the rest of the modalities studied (use of public transport, of the bicycle and of “other” modalities), which are higher among the Experts.

Regarding how the mobility conditions of the elderly are rated, in Germany the results of the comparison coincide more with the general tendency observed for the entire SIZE sample together. That is, with the exception of the conditions for driving a car (for which no statistically significant differences were found), the seniors interviewed have rated the current conditions of mobility of the elderly significantly higher than the experts have.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mann-Whitney Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td><strong>Sample's mobility mode importance...</strong></td>
<td></td>
</tr>
<tr>
<td>AS PEDESTRIAN</td>
<td>50</td>
</tr>
<tr>
<td>AS DRIVER</td>
<td>49</td>
</tr>
<tr>
<td>AS PUBL. TRANSPORT USER</td>
<td>48</td>
</tr>
<tr>
<td>AS CYCLIST</td>
<td>48</td>
</tr>
<tr>
<td>AS OTHER</td>
<td>23</td>
</tr>
<tr>
<td><strong>Senior's conditions quality for...</strong></td>
<td></td>
</tr>
<tr>
<td>DRIVE A CAR</td>
<td>50</td>
</tr>
<tr>
<td>CYCLING</td>
<td>49</td>
</tr>
<tr>
<td>WALKING</td>
<td>50</td>
</tr>
<tr>
<td>USING PUBL. TRANSPORT</td>
<td>48</td>
</tr>
<tr>
<td>GENERAL MOBILITY</td>
<td>47</td>
</tr>
<tr>
<td>GLOBAL SCORE</td>
<td>45</td>
</tr>
</tbody>
</table>

* Note: only statistically significant results (with p<=0.05) are indicated.

In Ireland there are no significantly significant differences between the senior and experts interviewed regarding the frequency of displacement as pedestrians and as public transport users. As drivers and cyclists, the difference in both cases is statistically significant in favour of the experts, while in the use of “other” modes of transport, the difference is also statistically significant, but in favour of the seniors.

Regarding how the mobility conditions of the elderly in Ireland are rated by each type of population, we can say that in this country no statistically significant differences were found between the two types of samples (seniors-experts). Only when a valuation was requested of the mobility conditions of the Irish elders (5th. question of questionnaire: “general mobility”) did a statistically significant difference appear (not very large) in favour of the seniors, following the tendency already observed where the elderly consider their conditions better than the Experts do.
In Italy, regarding the differential frequency (between types of sample) on use of the different displacement modalities considered (the modality “others” was not measured in this country), the general tendency already observed in the sample as a whole is maintained: as drivers and as cyclists the use difference is statistically significant in both cases in favour of the experts. No statistically significant differences appear between the seniors and experts interviewed in this country regarding frequency of displacement as pedestrians and as public transport users.

Regarding how the conditions of mobility of elders in Italy are rated by each type of population, all of the comparisons have proved to be statistically significant: the seniors have rated the current conditions of mobility of the elderly higher than the Experts on all the modalities and aspects considered.

* Note: only statistically significant results (with p<=0.05) are indicated.

### Table 3-5: ITALY

<table>
<thead>
<tr>
<th>Variables</th>
<th>SENIORS</th>
<th>EXPERTS</th>
<th>Mann-Whitney Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Median</td>
<td>Mean</td>
<td>Rank</td>
</tr>
<tr>
<td>Sample’s mobility mode importance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AS PEDESTRIAN</td>
<td>44</td>
<td>3</td>
<td>34.84</td>
</tr>
<tr>
<td>AS DRIVER</td>
<td>44</td>
<td>1</td>
<td>29.83</td>
</tr>
<tr>
<td>AS PUBL. TRANSPORT USER</td>
<td>44</td>
<td>2</td>
<td>33.31</td>
</tr>
<tr>
<td>AS CYCLIST</td>
<td>44</td>
<td>0</td>
<td>27.18</td>
</tr>
<tr>
<td>AS OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior’s conditions quality for...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVE A CAR</td>
<td>44</td>
<td>3</td>
<td>36.77</td>
</tr>
<tr>
<td>CYCLING</td>
<td>44</td>
<td>3</td>
<td>38.51</td>
</tr>
<tr>
<td>WALKING</td>
<td>44</td>
<td>3</td>
<td>40.48</td>
</tr>
<tr>
<td>USING PUBL. TRANSPORT</td>
<td>44</td>
<td>3</td>
<td>36.74</td>
</tr>
<tr>
<td>GENERAL MOBILITY</td>
<td>44</td>
<td>3</td>
<td>42.27</td>
</tr>
<tr>
<td>GLOBAL SCORE</td>
<td>44</td>
<td>14-15</td>
<td>41.33</td>
</tr>
</tbody>
</table>

* Note: only statistically significant results (with p<=0.05) are indicated.
With regard to Sweden, no data were obtained on the frequency of use of the different displacement modalities by the experts, making this comparison impossible. Only the data offered by the FQQ questionnaire were collected in both types of samples.

Thus, regarding how mobility conditions of the elderly are rated by each type of population in Sweden, we found statistically significant differences between the valuations made by the two types of samples on the current conditions of the elderly for cycling and walking, and also on the global score. In all three cases, the difference favoured the sample of seniors (who rate these conditions better than the experts). No statistically significant differences were found on the valuation of the conditions of mobility of the elderly “in general”, nor on the specific valuations for driving a car or using public transport, in this country.

In Poland, regarding the frequency differential (between types of sample) of use of the different modalities of displacement considered (a result that coincides with Italy’s), the general tendency already observed in the sample as a whole is maintained: as drivers and as cyclists, the difference of use in both cases is statistically significant in favour of the experts, with no statistically significant difference appearing between the seniors and experts interviewed with regard to frequency of displacement as pedestrians, as public transport users, and as users of “other” means of transport.

Regarding how the mobility conditions of the elderly in Poland are rated by each type of population, we only find statistically significant differences between the valuations made by the two types of samples on the conditions of the elderly for cycling and “in general”, both areas being more highly rated by the seniors.

<table>
<thead>
<tr>
<th>Table 3-7: POLAND</th>
<th>SENIORS</th>
<th>EXPERTS</th>
<th>Mann-Whitney Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Median</td>
<td>Mean Rank</td>
</tr>
<tr>
<td>Sample’s mobility mode importance...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AS PEDESTRIAN</td>
<td>64</td>
<td>2</td>
<td>45.95</td>
</tr>
<tr>
<td>AS DRIVER</td>
<td>65</td>
<td>0</td>
<td>35.91</td>
</tr>
<tr>
<td>AS PUBL. TRANSPORT USER</td>
<td>66</td>
<td>2</td>
<td>48.12</td>
</tr>
<tr>
<td>AS CYCLIST</td>
<td>66</td>
<td>0</td>
<td>40.86</td>
</tr>
<tr>
<td>AS OTHER</td>
<td>66</td>
<td>0</td>
<td>48.71</td>
</tr>
<tr>
<td>Senior’s conditions quality for...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVE A CAR</td>
<td>65</td>
<td>3</td>
<td>48.23</td>
</tr>
<tr>
<td>CYCLING</td>
<td>66</td>
<td>2</td>
<td>53.07</td>
</tr>
<tr>
<td>WALKING</td>
<td>66</td>
<td>3</td>
<td>51.67</td>
</tr>
<tr>
<td>USING PUBL. TRANSPORT</td>
<td>66</td>
<td>3</td>
<td>48.28</td>
</tr>
<tr>
<td>GENERAL MOBILITY</td>
<td>66</td>
<td>3</td>
<td>52.98</td>
</tr>
<tr>
<td>GLOBAL SCORE</td>
<td>65</td>
<td>14</td>
<td>51.58</td>
</tr>
</tbody>
</table>

* Note: only statistically significant results (with p<=0.05) are indicated.
The sample of experts recruited in the Czech Republic has shown a statistically significant greater use of all the displacement modalities considered (pedestrian, driver, public transport user and cyclist) than the sample of seniors interviewed.

When rating the mobility conditions of the elderly, the Czech experts, like the Austrians, rated the conditions of the elderly for driving a car significantly higher than the seniors themselves did (the Czech experts consider that the elderly currently have better driving conditions than the seniors think they have). However, when rating mobility conditions “in general” of the elderly in the Czech Republic (without specifying a modality), the seniors have provided a statistically significant higher valuation than the experts.

### Table 3-8: CZECH REPUBLIC

<table>
<thead>
<tr>
<th>Variables</th>
<th>SENIORS</th>
<th>EXPERTS</th>
<th>Mann-Whitney Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Median</td>
<td>Mean Rank</td>
</tr>
<tr>
<td><strong>Sample's mobility mode importance...</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AS PEDESTRIAN</td>
<td>89</td>
<td>2</td>
<td>55.96</td>
</tr>
<tr>
<td>AS DRIVER</td>
<td>89</td>
<td>0</td>
<td>54.56</td>
</tr>
<tr>
<td>AS PUBL. TRANSPORT USER</td>
<td>89</td>
<td>2</td>
<td>59.39</td>
</tr>
<tr>
<td>AS CYCLIST</td>
<td>89</td>
<td>0</td>
<td>51.08</td>
</tr>
<tr>
<td>AS OTHER</td>
<td>89</td>
<td>0</td>
<td>61.97</td>
</tr>
<tr>
<td><strong>Senior's conditions quality for...</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVE A CAR</td>
<td>80</td>
<td>3</td>
<td>54.53</td>
</tr>
<tr>
<td>CYCLING</td>
<td>83</td>
<td>2</td>
<td>61.30</td>
</tr>
<tr>
<td>WALKING</td>
<td>85</td>
<td>3</td>
<td>60.78</td>
</tr>
<tr>
<td>USING PUBL. TRANSPORT</td>
<td>83</td>
<td>3</td>
<td>63.37</td>
</tr>
<tr>
<td>GENERAL MOBILITY</td>
<td>85</td>
<td>3</td>
<td><strong>66.98</strong></td>
</tr>
<tr>
<td>GLOBAL SCORE</td>
<td>78</td>
<td>14</td>
<td>58.53</td>
</tr>
</tbody>
</table>

* Note: only statistically significant results (with p<=0.05) are indicated.

### Table 3-9: SPAIN

<table>
<thead>
<tr>
<th>Variables</th>
<th>SENIORS</th>
<th>EXPERTS</th>
<th>Mann-Whitney Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Median</td>
<td>Mean Rank</td>
</tr>
<tr>
<td><strong>Sample's mobility mode importance...</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AS PEDESTRIAN</td>
<td>76</td>
<td>3</td>
<td><strong>59.28</strong></td>
</tr>
<tr>
<td>AS DRIVER</td>
<td>76</td>
<td>0</td>
<td>44.51</td>
</tr>
<tr>
<td>AS PUBL. TRANSPORT USER</td>
<td>76</td>
<td>1</td>
<td>54.79</td>
</tr>
<tr>
<td>AS CYCLIST</td>
<td>76</td>
<td>0</td>
<td>48.20</td>
</tr>
<tr>
<td>AS OTHER</td>
<td>76</td>
<td>0</td>
<td>56.22</td>
</tr>
<tr>
<td><strong>Senior's conditions quality for...</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVE A CAR</td>
<td>76</td>
<td>3</td>
<td>57.22</td>
</tr>
<tr>
<td>CYCLING</td>
<td>76</td>
<td>2</td>
<td>56.67</td>
</tr>
<tr>
<td>WALKING</td>
<td>76</td>
<td>4</td>
<td>55.14</td>
</tr>
<tr>
<td>USING PUBL. TRANSPORT</td>
<td>76</td>
<td>4</td>
<td>56.55</td>
</tr>
<tr>
<td>GENERAL MOBILITY</td>
<td>76</td>
<td>4</td>
<td><strong>60.62</strong></td>
</tr>
<tr>
<td>GLOBAL SCORE</td>
<td>76</td>
<td>16</td>
<td><strong>58.65</strong></td>
</tr>
</tbody>
</table>

* Note: only statistically significant results (with p<=0.05) are indicated.
Finally, in Spain, regarding the frequency differential (between types of sample) on use of the distinct displacement modalities considered, **there are no statistically significant differences in the use of public transport nor in the use of “other” modes** among the seniors and experts interviewed. Among the experts there is a statistically significant greater use of the car and the bicycle, and among the seniors a significantly greater frequency as pedestrians, when the two types of samples are compared.

When the valuations of the current mobility conditions of the Spanish elders provided by each type of sample are compared, **no statistically significant differences are found** between the valuations made by the seniors and those given by the experts who made up the Spanish sample. Only when we consider values representative of generalities (general mobility and global score) do statistically significant differences appear in favour of the *Seniors*. They consider that the Spanish elders have better conditions “in general” (and when we use a global measure) than the experts think they do.

4. RESULTS OF THE CORRELATIONAL ANALYSIS

4.1 Relation between transport modality use and valuation of seniors' mobility preconditions

In order to verify the linear relationship between the frequency of use of each displacement modality and the valuation of the conditions made by the elderly for this modality, bivariate correlations were carried out between the equivalent pairs of variables measured in the general sample (all the countries together).

First, this analysis is carried out with the sample of seniors, table 4.4.1.1; the frequency with which they (the seniors) use each transport modality is related to the valuation they make of the current conditions (for the elderly) for using this modality.

Then the same thing is done with the sample of experts, table 4.4.1.2., where the frequency with which they (the experts) use each mode of transport is related to the valuation they make about the current conditions of the elderly (not the experts) for using this modality.

<table>
<thead>
<tr>
<th>Table 4.1-1: Seniors about themselves</th>
<th>Senior’s conditions valuation for walking</th>
<th>Senior’s conditions valuation for driving a car</th>
<th>Senior’s conditions valuation for using publ.trans.</th>
<th>Senior’s conditions valuation for cycling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson’s corr.</td>
<td>Senior’s mobility mode importance as PEDESTRIAN</td>
<td>Senior’s mobility mode importance as DRIVER</td>
<td>Senior’s mobility mode importance as PUBL.TRANS. USER</td>
<td>Senior’s mobility mode importance as CYCLIST</td>
</tr>
<tr>
<td></td>
<td>$r = 0.222$</td>
<td>$r = 0.276$</td>
<td>$r = 0.086$</td>
<td>$r = 0.267$</td>
</tr>
<tr>
<td></td>
<td>sign. &lt;0.001</td>
<td>sign. &lt;0.001</td>
<td>sign.*= ---</td>
<td>sign. &lt;0.001</td>
</tr>
<tr>
<td></td>
<td>N = 430</td>
<td>N = 421</td>
<td>N = 428</td>
<td>N = 418</td>
</tr>
</tbody>
</table>

*Note: two-tailed p>0.05 (not statistically significant) are omitted.
As seen in the table, the correlation coefficients were not high, although most were statistically significant, and all of them in a direct sense. Consequently, we can conclude that with the exception of the use of public transport (by the seniors) and the valuation of the conditions of the elderly for using public transport, which did not show a statistically significant correlation, the frequency of use of the other transport modes (pedestrian, driver and cyclist) were related in a direct sense, respectively, to the valuation made of the current conditions of the elderly (for walking, for driving a car and for riding a bicycle).

In short, we could simply say that those seniors who most frequently moved around as pedestrians, as drivers and as cyclists tend to better rate the current conditions for, respectively, walking, driving and riding a bicycle, and vice versa (those who use a mode of transport less give a lower valuation to the current conditions for using this modality). However, those who use public transport most do not show a better or worse valuation of the current conditions for using this mode of transport.

Table 4.1-2: EXPERTS about Seniors

<table>
<thead>
<tr>
<th>Expert’s mobility mode importance as</th>
<th>Senior’s conditions valuation for walking</th>
<th>Senior’s conditions valuation for driving a car</th>
<th>Senior’s conditions valuation for using publ.trans.</th>
<th>Senior’s conditions valuation for cycling</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDESTRIAN</td>
<td>r = 0.064</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sign.*= ---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N = 196</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRIVER</td>
<td>r = -0.141</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sign. = 0.048</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N = 198</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBL.TRANS. USER</td>
<td>r = 0.028</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sign.*= ---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N = 197</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLIST</td>
<td></td>
<td></td>
<td></td>
<td>r = 0.183</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>sign. = 0.010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N = 198</td>
</tr>
</tbody>
</table>

*Note: two-tailed p>0.05 (not statistically significant) are omitted.

These results are completely different from those obtained with the sample of Seniors. Only two relationships are statistically significant, one in a direct sense and the other in the inverse sense.

In conclusion, to simplify we could say that:

1) The experts who most use the car as a means of displacement tend to rate lower (more negatively) the current conditions of the elderly for driving a car (inverse relationship).

2) The experts who most use the bicycle tend to rate higher (more positively) the current conditions of the elderly for displacement by bicycle.
4.2 Seniors’ relation between urban conditions and mobility conditions valuations

The purpose is to find out whether there is a linear relationship between the valuation the seniors made of their current mobility conditions and residing or not (themselves) in urban areas.

In order to do so, the variable “Living Area” was recoded at two levels: 1 = urban; 0 = suburban or rural. As the resulting variable has a dichotomous form, the correlational statistical procedure is acceptable.

<table>
<thead>
<tr>
<th>Table 4.2-1: Relation between older people’s mobility condition valuation and urban status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pearson’s corr.</strong></td>
</tr>
<tr>
<td>Mobility conditions valuation for DRIVING A CAR</td>
</tr>
<tr>
<td>Mobility conditions valuation for CYCLING</td>
</tr>
<tr>
<td>Mobility conditions valuation for WALKING</td>
</tr>
<tr>
<td>Mobility conditions valuation for USING PUBLIC TRANSPORT</td>
</tr>
<tr>
<td>Mobility conditions valuation for GENERAL MOBILITY</td>
</tr>
</tbody>
</table>

*Note: two-tailed p>0.05 (not statistically significant) are omitted.

The relation is an inverse one in all the conditions, although only one coefficient proved statistically significant, the one that reflects the valuation “in general” of the mobility conditions of the elderly.

In conclusion, simplifying we can state that the seniors who live in urban areas tend to evaluate worse (more negatively) the current general conditions of mobility of the elderly.

4.3 Seniors’ relation between impaired consideration and mobility condition valuations

Finally, one more correlational analysis was carried out, with the purpose of finding out whether there is a linear relationship between being an “impaired” senior (yes=1) (no=0) and the evaluation made of the current mobility conditions of the population group to which they pertain (Elders).
Table 4.3-1: **Relation between elder’s mobility condition valuation and impaired status**

<table>
<thead>
<tr>
<th>Mobility conditions valuation for</th>
<th>Pearson’s corr.</th>
<th>IMPAIRED consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVING A CAR</td>
<td>( r = -0.146 )</td>
<td>sign. = 0.003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = 423</td>
</tr>
<tr>
<td>CYCLING</td>
<td>( r = -0.083 )</td>
<td>sign.* = ---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = 420</td>
</tr>
<tr>
<td>WALKING</td>
<td>( r = -0.081 )</td>
<td>sign.* = ---</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = 431</td>
</tr>
<tr>
<td>USING PUBLIC TRANSPORT</td>
<td>( r = -0.119 )</td>
<td>sign. = 0.014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = 428</td>
</tr>
<tr>
<td>GENERAL MOBILITY</td>
<td>( r = -0.128 )</td>
<td>sign. = 0.008</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = 428</td>
</tr>
</tbody>
</table>

*Note: two-tailed p>0.05 (not statistically significant) are omitted.

The relation was an inverse one for all the conditions, and three of the coefficients were statistically significant.

In conclusion, simplifying we can state that the Seniors considered “impaired” tend to evaluate worse (more negatively) both the current *general conditions* of mobility of the elderly and, specifically, the conditions of this sector of the population for driving a car and for using public transport. However, a statistically significant relationship was not obtained between the condition of being “impaired” and a better or worse valuation of the current conditions of the elderly for walking or cycling.

### 5. COMPLEMENTARY GRAPHICAL INFORMATION

#### Seniors' mobility as pedestrians

- **never**: 47%
- **hardly ever**: 17%
- **relatively often**: 32%
- **very often**: 4%

#### Experts' mobility as pedestrians

- **never**: 42%
- **hardly ever**: 1%
- **relatively often**: 14%
- **very often**: 43%
**Seniors’ mobility as drivers**

- **48%** never
- **19%** hardly ever
- **18%** relatively often
- **13%** very often

**Experts’ mobility as drivers**

- **42%** never
- **25%** hardly ever
- **21%** relatively often
- **12%** very often

**Seniors’ mobility as public-transport users**

- **30%** never
- **28%** hardly ever
- **28%** relatively often
- **14%** very often

**Experts’ mobility as public-transport users**

- **33%** never
- **33%** hardly ever
- **28%** relatively often
- **6%** very often

**Seniors’ mobility as cyclists**

- **77%** never
- **8%** hardly ever
- **8%** relatively often
- **7%** very often

**Experts’ mobility as cyclists**

- **41%** never
- **35%** hardly ever
- **16%** relatively often
- **8%** very often

**Seniors’ mobility with other transport modalities**

- **62%** never
- **18%** hardly ever
- **13%** relatively often
- **7%** very often

**Experts’ mobility with other transport modalities**

- **63%** never
- **25%** hardly ever
- **8%** relatively often
- **4%** very often
Comparison between seniors’ and experts’ opinions about senior citizen mobility conditions

<table>
<thead>
<tr>
<th></th>
<th>Seniors</th>
<th>Experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preconditions for S.C. to drive a car</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Preconditions for S.C. for cycling</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Preconditions for S.C. for walking</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Preconditions for S.C. for using public transport</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>General mobility preconditions for S.C.</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

S.C. = Senior Citizens
FGIs and IDIs carried out with experts

Three Focus-Group-Interviews were carried out in May 2003 (14., 15., and 21.5.2003), with 24 participants ("experts"). In addition to the Focus-group interviews, individual interviews were carried out with the same interviewees as in the FGIs with four additional interviewees who had not been able to attend the FGIs. The In-depth interviews took place from beginning of July to the end of September 2003.

Description of participants (area of responsibility)

Municipality of Vienna, Department of town development and town planning (MA18, 2 persons)
Municipality of Vienna, Department of traffic organisation (MA46)
Municipality of Vienna, Department of road administration (MA28)
Ministry of Transport, Research Department
Ministry of Transport, Train infrastructure
Ministry of Transport, Department EU-Projects, Traffic, Town and regional planning
Ministry of Social affairs and the generations, Senior citizens policies
Provincial government of Lower Austria, Traffic consultation
Federal Countries’ Deputy
Vienna Public Transport Provider
Chamber of labour, Traffic planning
Trade union, Seniors' department
Senior citizens' spokesman of Vienna
Austrian senior citizens association (2 persons)
Senior citizens spokeswoman of the Austrian Green Party
National Council, Green Party, Spokeswoman for mobility impaired people
Austrian National Railways Company (ÖBB), Infrastructure (2 persons)
Austrian National Railways Company (ÖBB), Passenger traffic
Austrian National Railways Company (ÖBB), Real estates & events management
Public transport lobbying group "Fahrgast" (= "Passenger", 2 persons)
Head of driving school (3 persons)
Catholic Women movement, spokeswoman
FGIs carried out with senior citizens

Three Focus-Group Interviews were carried out with 23 senior citizens in May and June 2003 (27.5., 5.6. and 18.6.2003).

Brief description of participants.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age groups</th>
<th>65-74 years</th>
<th>75-84 years</th>
<th>85 years or older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living area</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impaired mobility</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living in</th>
<th>At Home</th>
<th>Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest education</th>
<th>Elementary</th>
<th>Middle</th>
<th>Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

6 participants of the FGI were male 17 female. 13 participants were between 65 and 74 years, 5 between 75 and 84 years and 5 participants 85 years or older. 13 were living in an urban area, 10 in a rural area. 18 participants said that they are not impaired in their mobility, 5 said that they have some kind of problems. 9 people were living in a nursing home and 13 still lived at home. 13 stated that their highest education is elementary school, 2 said middle school and 7 said that the completed a higher education.

Individual Interviews carried out with seniors

In addition to the Focus-group interviews, individual interviews were carried out with 26 senior citizens (different sample from the FGIs). The interviews took place from beginning of July to the end of September 2003.

List of questions for the In-depth Interviews and Interviewer-Guide

1. Wie beurteilen Sie die heutige Verkehrssituation im Hinblick auf SeniorInnen?
   1.a Welche typischen Veränderungen entstehen durch den Alterungsprozess?
   1.b Was sind die häufigsten Gründe für SeniorInnen außer Haus zu gehen?
   1.c Welchen Einfluss hat die finanzielle Situation auf die Mobilität von SeniorInnen?
   1.d Welche Einstellungen gegenüber SeniorInnen hat die Gesellschaft?
   1.e Welche Ängste haben SeniorInnen?
2. Wie werden SeniorInnen mit den gegenwärtigen Mobilitätsbedingungen Ihrer Meinung nach fertig?

2.a Wie pflegen SeniorInnen ihre physische und psychische Gesundheit?
2.b Wie organisieren sie Transporte über kurze und lange Distanzen? (*Einkaufen, Bahn-Reisen – Gepäck, etc.*)
2.c Von welche Arten von Hilfestellungen (Dienstleistungen, Persönliches etc.) profitieren sie? (*Tochter hilft bei Einkauf, Bahn-Gepäckservice, Taxi, Essen-auf-Rädern, etc.*)
2.d Wie verbringen sie ihre Freizeit?
2.e Warum vermeiden manche SeniorInnen außerhäusliche Aktivitäten?

3 (1) Was sind die positiven Seiten der gegenwärtigen Verkehrssituation?
3 (2) Was sind die negativen Seiten der gegenwärtigen Verkehrssituation? (Barrieren)

3.a Welche Einrichtung (Maßnahme) fördert und welche limitiert die Mobilität? Welche Einrichtung ist am wichtigsten? (*eventuell Frage auslassen oder nachstellen – Antworten darauf ergeben sich ohnehin aus dem Gespräch*)
3.b Was ist förderlich, was hinderlich an der Benützung des ÖV für SeniorInnen?
3.c Was fördert, was behindert SeniorInnen beim Aufenthalt im öffentlichen Raum? (*Gehen, auch Radfahren ansprechen*)
3.d Was fördert, was behindert die Unabhängigkeit von SeniorInnen bei alltäglichen Aktivitäten (Haushalt, Einkauf)?
3.e Was fördert und was behindert die Verkehrssicherheit von SeniorInnen?

4. Welche Maßnahmen müssen getroffen werden, um die Situation für SeniorInnen zu verbessern?

Konkret formulieren, z.B.: Wenn Sie selbst etwas ändern könnten, welche Maßnahmen würden Sie setzen, um die Mobilität von SeniorInnen zu verbessern?

Evt. Konkrete Verkehrssituation (Beispiele aus dem Alltag) ansprechen – z.B. Einkaufswege

4.b Was sollte die Gesellschaft tun, um die Mobilität von SeniorInnen zu fördern?
4.c Was sollen SeniorInnen selbst tun, um ihre eigene Mobilität zu erhöhen/ verbessern?
4.d Welchen Zugang zu Informationen über nützliche Dienstleistungen und Services haben SeniorInnen (mobilitätsbezogen)? Z.B. Informationen für Bahnreisen, Fahrten innerhalb Wiens in unbekanntere Gegend

4.a Welche technischen Entwicklungen braucht es, um die Mobilität von SeniorInnen zu unterstützen? (*schwierige Frage*)

5. Warum werden Maßnahmen, von denen man weiß, dass sie sinnvoll sind, nicht implementiert / eingeführt?

z.B. verstärkte Verkehrsüberwachung / Polizeipräsenz, mehr Schutzstreifen, leichter bedienbare Fahrscheinautomaten, mehr Personal auf Bahnhöfen / ÖV

5.a Welche Barrieren (nicht finanzielle) behindern die Einführung von Maßnahmen (Implementation)?
SIZE Deliverables D5 & D6 - Appendix

5.b Welche Entscheidungen, die von der Regierung getroffen werden, verlangsamen die Umsetzung von Maßnahmen? (*ehem Experten Frage – Achtung!*)

5.c Welche nationalen/regionalen Charakteristika sind hinderlich für die Implementierung von (sinnvollen) Maßnahmen? (*ehem Experten Frage – Achtung!*)

5.d Manche SeniorInnen haben den Eindruck, dass die Vertretung der Interessen von SeniorInnen in der Öffentlichkeit unzureichend ist. Was könnte der Grund dafür sein?

5.e Was behindert die Kommunikation zwischen der jüngeren und der älteren Generation? (*Generationskonflikt*)

4.e Was soll im Ausbildungsbereich geschehen, um den Zugang von jungen Menschen zu SeniorInnen zu verbessern?

**Anmerkungen**

⇒ Bis zu 1 Stunde Interviewzeit einrechnen

⇒ Fragen persönlich formulieren

⇒ Ab Fragenkomplex 4 treten Ermüdungserscheinungen auf – eventuell keine Sub-Fragen stellen, sondern nur die Hauptfrage (besonders bei 5). Antworten beziehen sich evtl. ohnehin auf die Sub-Fragen. Oder Frage 5 an 4 direkt anschließen – etwa: „Welche Maßnahme müßte getroffen werden ... warum wird sie aber nicht umgesetzt?“
GERMANY [PARTNER 03]

Experts

Description of the data collection approach

The primary aim in compiling the Expert-Focus-groups was to combine knowledge and experiences of experts from very different spheres within the scope of mobility of senior citizens. The selection of the experts has a large-scaled influence on the results and the course of the discussion. For a maximum in diversity we decided in a first step that experts ought to be exponents from following areas:

- Members of senior citizen advisory boards
- Representatives of municipal public traffic associations and transport firms (even unions)
- Decision makers (from traffic system schedulers to urban and regional planners)
- Politicians and non governmental organisations (from associations for handicapped till consumer protection organisations)
- Researchers who are involved in projects like SIZE or equivalent, but also researchers with a other views on our issues (like the forensic-medicine or Employer's Liability Insurance Association)

After searching publications and internet web sites more than fifty relevant experts who meet our criteria were filtered and contacted. They were informed about the purposes of SIZE and the execution of the Focus-group interviews. 32 experts responded. In the next and much more difficult step we tried to arrange collective encounters. At last we accomplished three groups with 20 experts within the scope of the areas aforementioned. In a second parallel way the Senior Advisory Board of the city of Nuremberg, which is involved in SIZE research as partner 14, offers addresses of senior experts, which were formerly executives in SIZE relevant spheres, staying active in political boards of Nuremberg after retirement. A sample of 6 seniors built a fourth expert-group.

FGIs carried out with experts

Preliminary remarks: Sense and purpose of the focus group interviews with experts was the encounter of men and women with different professional backgrounds to reflect problems of the mobility of elderly people corporately. Knowledge and opinion of one professional should animate the mind of another. The interdisciplinary configuration of the groups was an advantage and a disadvantage at the same time. Advantage with respect of the richness of ideas and propositions, the specific brain storming situation could create, disadvantage because of the different kinds of “languages” and thinking modes which had to be integrated into a common way of communication.

It’s a remarkable observation, that a number of aspects of the mobility of senior citizens are not discussed in a sophisticated manner by our experts, i.e. they didn’t work out an enumeration of motility/mobility restrictions typically found in old age. The reason could be, that the members of the expert groups perceived one another as professionals with a comparable status of information. Some topics could be regarded as “trivial”.

Focus group interviews are a complicated instrument of knowledge gain because of the restricted time that is provided. Not all of the questions we had could be executed in the
short time. In a workshop, lasting one or two days, with prepared statements and discussions about every statement, experts have a more effective stage for presenting and reflecting their professional insights.

During the qualitative research four expert FGI’s with 26 participants have been accomplished. They all took place at the Institute of Psychogerontology in Erlangen. The Interviews have been led by Jürgen Kaiser, accompanied by Marion Schmidt (marketing research professional) and Bertram Kraus as observers.

**FGI 1**

The first FGI was hold on June 23 (2003) between 2 p.m. and 5 p.m. with the “senior expert group”. We decided to create this special group as first access to our issues and as an interface between “pure” senior citizens and designated experts. In this group we invited retired Seniors, which play a decisive role in different political committees. The idea was to catch a bifocal perspective from one sample of people, who meet both roles/criteria.

Expert participants were: Mr. Albert Frischmann, Member of seniors advisory board, formerly executive technician. Mr. Michael Gleißner, member of seniors advisory board, formerly work council chairman. Ms. Elfriede Winge, Senior-advisor of the city traffic committee and lecturer. Ms. Cristel Bembenek, Member of seniors advisory board, formerly businesswoman. Ms. Inge Schäfer, Senior advisor in a working committee for buildings and housing, formerly working for psycho-social services. Mr. Ludwig Jahn, Member of seniors advisory board, formerly construction engineer. Mr. Eduard Mödl, Member of seniors advisory board, self employed carpenter.

The participants are inhabitants of Nuremberg, living autonomously (except 1 inhabitant of a retirement home). They all are owner of a drivers licence, but only three of them are still active drivers. The others gave up because of subjectively remarked health or achievement deficits. They are used to be included in processes of political decisions and committed in various societal activities and nevertheless near by the life circumstances of the seniors in an empathic way, because they are in a comparable life situation. Besides that, the participants gave concrete, original and particular stimulation for the problem analysis and for the heuristic process of finding measures. The main difference was a somewhat “atmospheric” difference: their arguments had a more manifest political orientation than those in other groups.

**Observations:** In the course of the discussion the participants’ responses rotate from seniors perspectives to expert-views and vice versa. The discussion has been led in a friendly unagitated, but in a concentrated way. Our expectations in this group (see above) were fulfilled and the SIZE question line was worked through.

**FGI 2**

On July 21, the second FGI has been accomplished. The expert discussion lasted from 14:15 h to 17:30 h (one expert had to leave on 5 p.m.) with following participants:

Dr. Michael Geiler, Mannheim psychologist, employers liability insurance association (transport); Ms. Birgit Kasper, University of Dortmund, expert in urban and regional planning, Researcher on“ Frame” project (leisure activities of elderly people); Mr. Andreas Zehnpfennig, Deutsche Verkehrswacht, Meckenheim/Bonn(NGO), expert for traffic safety and traffic enlightenment of elderly car drivers (project management); Mr. Wolfgang Legath, Executive of VAG Nuremberg (Nuremberg Public Transportation Company, responsible for passenger development); Mr. Wolf, Police Commissioner, Nuremberg (responsible for traffic
Safety for the district of Mittelfranken Bavaria); Dr. Hardi Holte, BAS, Bergisch-Gladbach, researcher in several important projects, expert for subjective evaluation of security in traffic; Mr. Bernd Wolf, Police department Mittelfranken, Executive commissioner traffic system. Advisor in safety problems; Mr. Wolf Drechsel, Expert for public procurement law and public traffic planning.

Observations: This expert-group was very fruitful and the atmosphere relaxed and stimulating. The participants in the group discussed point-exactly at the SIZE topics. The discussion contributions can be characterised by a cooperative, to some extent even by controversial style. The experts were very interested in each others work and on SIZE research. They expressed the desire on further communication with SIZE and among each other. We agreed to give them abstracts from FGI containing participant lists as well. The round worked out the SIZE question line completely and successfully.

FGI 3

On July 21, the third FGI has been accomplished. The expert discussion lasted from 2 p.m. to 16:45 p. m. with following participants:

Dr. Arnd Engeln, Bosch AG Stuttgart, working at the time on Driver assistance systemes, well known researcher in the project "Anbindung"; Mr. Michael Webersinn, chairman of the unit for environment in the city of Nuremberg and political traffic expert; Ms. Carola Seidel, Executive of the unit for environment in the city of Nuremberg, public relations and project management"Intelligent mobil"; MS. Evi Balzer, press relations officer of an association for the mobility problems of the handicapped (NGO); Prof. Dr. med. W. Eisenmenger, executive from the Institute for forensic medicine of the University of Munich, research on relations between mobilit, motility and health; Dr. Antje Flade, Institute for Housing and Environment, Darmstadt, research on housing and urban structures in relation to mobility from environmental-psychological point of view; Mr. Rudolf Barth, mathematician, advisor for dataprocessing and traffic, (involved in EU-project citnet-accessibility of public transport; Mr. Johannes Füngers, Initiative pro Train, (NGO for promoting rail traffic).

Observations: This expert round was difficult to lead. The attitude of its participants could be described as observant and reserved. The discussion style can be characterised as rather a monologue style than a communicative one. Often their contributions didn't fit to the questions or did not reflect prior contributions from other participants. The progression on the SIZE question line was insufficient, due to the limited time of some experts and their communication habits.

At 16:45 p.m. half of the experts have left the group. We finished only two of three parts of specified questions. We agreed to complete them by in-depth-interviews.

FGI 4

On October 1, the fourth FGI has been accomplished. The Expert discussion lasted from 2 p.m. to 5 p.m. with following participants:

Dr. Heidrun Mollenkopf, researcher at German centre for aging research in Heidelberg. Her emphases are gerontology,sociology and life quality in age. She was involved in Mobilate-KEM field studies; Dr. Christiane Holstege, executive consulter at ‘Deutsche Verkehrskademie’ (NGO-Association for research, consulting and training for traffic and transport; Ms. Veronica Nette, Vice-district chairwoman of Bavarian red cross (ambulant nurture) and Vice-chairwoman in district-government; Mr. Andreas Bergmeier, responsible for traffic-safety work of DVR (NPO-German Road Safety Council e. V. -includes intensive public-relation work, cooperation with the media and campaigns.
Observations: Due to the fact that two denials have minimised the group to four experts the atmosphere was quite familiar and open. The group allowed the single participant to explain his/her views elaborately. The discussion in this group was lead by the participants in an explicit "gerontological" manner. That means, that many of the arguments were formulated on the basis of specific results of gerontological research. But some of the contributions followed general experiences of every day life, presented in other focus groups, too. Therefore we can state a high degree of common viewpoints, opinions and ideas. The group worked out the SIZE question line completely.

Individual Interviews carried out with experts

It was rather difficult to make an appointment with experts in common but especially during the holiday time. We agreed upon with some experts to make the interview by telephone and hands-free speaking system. So we gathered our data in three different modes, by visiting them on their place of employment, by carrying out the single Interview at the IPG, as some experts desired and by using the phone. The first half of the Interviews were carried out in August, second is enduring ever since September. The last interview was accomplished in the 6th of November. Totalling we conducted 22 IDI’s. With accordance of the relevant experts we audio-taped one half of the interviews as a supplementary help for the single Interviewer, which conducted the IDI. (Interviews were conducted by H.J. Kaiser and B. Kraus). As agreed in SIZE workplan we used the same sample of experts for IDI’s as we used in the FGI-sequence. Unfortunately we have to report about drop-outs, which bring down the Number of the IDI. Some of the experts left their jobs between FGI and IDI and some of the invited experts cancelled their participation of FGI short-dated.

According to SIZE guide-lines, we created a German-speaking version of the detailed question line sheet aforementioned and discussed the questions in details. In the course of conversation the responses were noted down on that sheets and minutes of each single interview in German language have been prepared after the interview. In the average the interviews lasted from one hour to approximately one and a half hour.

Observations The responses were, as expected, more elaborate and reflected on the single field of work of each interviewee. Only some of the views, which have been stated in group-discussion, were repeated in the Interview. (We decide to exclude them in the semi qualitative analysis of the responses). Totalling IDI’s and FGI’s this kind of responses playing a marginal role for the analysis. Most of the experts iterated their interests on a further information about the SIZE-Project, the process and results. We provided the information about the coming SIZE-web-site as informal source and promised them to give circular feedback. Some of them wanted a minute-copy of the interview made with them. During these IDI’s we have made the experience, that a few of the experts prepared themselves before the interview. Due to this some statements have a ready-for-press character. As an overall impression the interviews could be described as very factual and problem-oriented. The experts showed not only an astonishing standard of knowledge based on details, facts and experiences but also a very differentiated over-all knowledge, far beyond their specific field.

Seniors

Description of the data collection approach

According to the agreed criteria for the sample of seniors, for the focus group interviews and individual interviews, we invited pedestrians, car drivers, public transport users as well, and mixed groups in consideration of gender, habitation and age (65-74, 75-84, 85+). In the
whole we interviewed 72 seniors. Unfortunately the participation of males over 75 years was unproportionally low in FGI’s. For reasons well known, the group of high-aged (over 85) was similarly underrepresented in FGI-groups and IDI’s. The FGI-groups have been led, according to the guidelines (specified in SIZE Del.3-4), by one moderator and two observers which took care of the writing notes. In one respect we differ in processing from the described way. Consensual with seniors, the FGI-group sessions have been audio-taped, because in case of differences or contradictions concerning the meanings and responses we were able to decide in a dialogue-consensus-mode how to interpret the data. The FGI were accomplished in different places and have been arranged in Co-operation with senior advisory board of Nuremberg. For the individual interviews (IDI) we choose a complete other access to the necessary sample of senior citizens. In order to avoid getting a potentially pre-selected sample of very ‘active’ seniors, we did not take addresses from the Senior Advisory Board of the city Nuremberg, but rather a more randomised sample of seniors, selected by four several interviewers. Thirty In-Depth- Interviews were accomplished.

**FGIs carried out with Seniors**

The Senior Advisory Board of the city of Nuremberg, which is involved in the SIZE research project as partner 14, offers us addresses of senior according to the criteria aforementioned. For promoting the ‘SIZE’-participation of senior citizens a ‘flyer’-sheet was developed as a medium for invitation and a way to explain role and function of FGI-interviews at the same time. Forty-three seniors participated on five different FGI- groups (including the pre-test FGI).

The FGI-guide for seniors has been flexible enough to allow the participant to report stories (narrations), which in order allow new findings and perspectives in research. This strategy is based on open questions in order to get information a system of closed questions cannot discover.

Interviews with elderly have to face some difficulties: Our impression is, that the elderly, also the people with academic education, tend to speak on a very concrete level and avoid arguing “theoretically”. Their experiences are recorded in the form of stories and events and they are used to tell these stories and to reproduce these events in order to clarify their opinion. That takes time, and it is the task of the moderator to identify the abstraction of their messages. He has to give feedback about what he has understood. In this way he has to ensure all of the detailed results of the interview he picked up during the interview process.

Another problem is the particular form of developing ideas and thoughts elderly do: Often their communication is like an associative chain which departs very quickly from the subjects of the interviews. Much of the work of the moderator has to do with guiding back to the main issues.

**FGI 1 (Test Interview)**

Participants: 6 Persons (3 male; 3 female)

Inhabitants of a residential home in Nuremberg (urban), not handicapped; aged from 69 to 93. mostly owner of a car and/or driver-license; accomplished at IPG-Erlangen on 10.05.2003 at 10:00 h(am), total time 110 min.

Observations: After an extended warm-up-phase the discussion became sprightlier and fruitful. All participants were able to follow the questions and join in the discussion. All questions were worked out complete. All participants expressed themselves as satisfied with progression of the FGI and voiced that the discussion gave them pleasure.

Appendix 39
FGI 2

Participants: 5 Persons (3 male; 2 female); age: between 65 and 85
Inhabitants of a suburban area, not handicapped; 2 active drivers. FGI has been accomplished at IPG-Erlangen on 04.06.2003 at 15:00h; total time 105 min.

2 cancellations of participation because indisposition;

Observations: the participants of this group were quite reserved at the beginning of the FGI. Firstly their contributions in the discussion were reflecting a lack of understanding of the provided SIZE-questions, with the consequence that the moderator had to explain some specific topics more detailed. The style of speech in this group was different to the other interviews; the interviewees were speaking for their contemporaries more than for themselves.

Despite a majority of male in presence the contributions were evenly spread. At the end of the interview some of the participants were visibly exhausted. Due to this fact the last question was discussed incomplete.

FGI 3

Participants: 8 women; age: between 65 and 85.
Inhabitants of a suburban area (but near to the city), not handicapped, except for one person (slightly visually impaired: macula degeneration); accomplished at IPG-Erlangen on 13.06.2003 at 15:00h; total time 125 min

6 women are owners of a driver licence; one of them gave up driving a car.

All of them are highly socially engaged (in the field of working with seniors, of education and culture). They all had a good education and formerly held an occupation for many years.

Observations: This group was a very animated. The interviewees were very active, making a lot of remarkable proposals. They had no problems to follow or understand the questions.

Their speech was elaborated and their contributions far sighted and accurate. In the course of the talk some of the topics were discussed controversial by them, but in spite of that each statement was treated as equal. The question line was worked out completely.

FGI 4

Participants: 7 women, 1 man; age: 70 – 82; two women are living in a retirement home; no one has severe deficits or handicaps. The participants are inhabitants of a little town in the countryside of the Nuremberg/Furth/ Erlangen region. FGI has been accomplished in a room of the local congregation on 16.06.2003 at 15:00h; total time: 110 min.

Observations: We can paraphrase this group as “neighbourhood-help”–group, simply because they organise their mobility with cleverly devised and well established forms of helping each other. Some of the participants had difficulties to follow the discussion and to understand the questions. The course of the conversation was a little bit lethargic, and the last question was treated in an abbreviated way.

The interview shows as well, that the living and housing situation is forming the mind. The two residents of a retirement home estimate the mobility situation (in general) of the elderly in our country as worse than those who live in their own house or dwelling and appraise it as good or very good. They do it in spite of their own situation, which is good (one of them is the youngest group member). These two persons refer to the reasons for their differing judgement, too: In their retirement home they are more often confronted with negative
examples than other people. Due to the living and housing situation of the participants (rural environment) the topics discussed in the group are a little bit different to those of the urban and suburban fraction.

**FGI 5**

Participants: 6 Women, 3 men from 69 to 84 years of age, living in a residence for retired persons in a urban area of Nuremberg. They have no severe deficits or handicaps. FGI was accomplished in a recreation–room of their residence at 9:30h (am) on 17.07.2003; total time: 122 min.

Observations: We can call this group a “structure oriented group”, because the arguments of the participants are often targeted to structural conditions of mobility. All interviewees were used to share on discussions and also used to solve problems in an active way. Their contributions were elaborated and point exactly oriented on our issues. The course of conversation was animated, but - to express some reservation - a little bit dominated by males.

Despite this the question line was worked out successfully.

**Individual Interviews carried out with Seniors**

These interviews were not audio-taped. As an input requirement we instructed our interviewers to select more male participants in order to balance the composite. We hope that in this way our sample represents the demographic relations of our country approximately.

The thirty IDI’s have been carried out from July to September in the particular household of every interviewee.

**Focus-Group facilitator’s guides used**

**FGI Senioren/Experten Gesprächsleitfaden**

_Vorstellung der Forschergruppe_

_Vorstellung der Teilnehmer_

_Zur Einführung: Informationen über SIZE_

In allen europäischen Ländern ist seit langem ein „demographischer Umbau“ zu beobachten: Vergrößerung der Gruppe der älteren und alten Menschen, Verringerung der Zahl der jüngeren. Die verschiedenen Konsequenzen aus dieser Veränderung werden derzeit öffentlich heiß diskutiert (Rentenproblematik, Gesundheitsversorgung).


Es ist europaweit politischer Wille, alten Menschen die Teilnahme am öffentlichen Leben durch außerhäusliche Mobilität zu ermöglichen, und das mit einem möglichst geringen Risiko für Leib und Leben. Alles andere wäre ethisch, aber auch wirtschaftlich nicht zu vertreten.
Das ist die Grundüberzeugung eines Projekts, das die gegenwärtigen Mobilitätsbedingungen für ältere Menschen untersuchen und Verbesserungs-vorschläge machen will. Ziel des Projekts ist es insbesondere auch, politische Entscheidungsprozesse zu ermuntern und praktische Konsequenzen anzustoßen.

Hierbei können die Teilnehmer der Gesprächsrunden mitwirken.

Unterrichtung über den Verlauf des Gesprächs;
Zweck der Gruppe; Hinweis auf Tonbandaufnahme.

Einstiegsfrage:
A. Wie schätzen Sie die gegenwärtige Lage älterer Menschen ein, wenn es um ihre Mobilität geht?
Wie steht es gegenwärtig mit Ihrer eigenen Mobilität? Wie war das früher?
Wie fällt der Vergleich aus? Sind Sie häufiger spontan unterwegs oder gehen Sie mehr geplant vor? Überlegen Sie sich, zu welchem Zweck Sie welches Beförderungsmittel nutzen wollen?
B 1. Wie gehen ältere Mitbürger Ihrer Meinung nach mit der gegenwärtigen Mobilitäts-situation um?
B 2. Was erleichtert die Mobilität der älteren Mitbürger?
B 3. Was erschwert oder begrenzt die Mobilität älterer Menschen?
Wenn Sie aus dem Haus gehen wollten, was könnte diesem Plan am ehesten entgegenstehen? Haben Sie schon einmal Unsicherheitsgefühle oder gar Angst erlebt?
B 4. Welche Maßnahmen sind Ihrer Meinung nach nötig, um die Situation älterer Menschen generell zu verbessern?
Und wie ist das in Bezug auf Ihre eigene Person?
Haben Sie sich schon einmal über solche Maßnahmen informiert? Mit anderen Menschen darüber gesprochen? Sind Sie als Bürger schon einmal aktiv geworden?
Welche Maßnahmen wären aus Ihrer Sicht jedenfalls nützlich? Wann wären Sie zufrieden?
B 5. Werden die von Ihnen genannten Maßnahmen eigentlich durchgeführt? Wenn nein: Was meinen Sie, woran das liegt?
Was müsste nach Ihrer Einschätzung geschehen, damit getan wird, was getan werden sollte? Von wem könnten ältere Menschen am ehesten Unterstützung erfahren?

Individual interview guides used

I-D-I - Interviewleitfaden
1. Wie steht es gegenwärtig mit der Mobilität der Senioren.
1.a. Welche typischen Veränderungen treten während des Altersprozesses auf - und wie wirken Sie auf Mobilität
1.b. Was glauben Sie sind die häufigsten Gründe für Ältere außer Haus zu gehen?
1.c. Welchen Einfluss(Bedeutung) hat die finanzielle Situation auf die Mobilität älterer Menschen?
1.d. Welche Einstellung hat die Gesellschaft zu den älteren Menschen (wie ist das Bild vom Alter in unserer Gesellschaft?)

1.e. Welche Bedrohungen fürchten ältere Menschen, wenn Sie außer Haus sind?

2. Wie gehen ältere Mitbürger Ihrer Meinung nach mit der gegenwärtigen Mobilitätssituation um?

2.a. Was tun ältere Menschen für ihre körperliche Fitness und ihr Wohlbefinden (auch für die geistige Mobilität?)

2.b. Wie organisieren/planen Sie Ihre Verkehrsteilnahme im Kurzstreckenbereich (aber z.B. auch Reisen: größere Distanzen)

2.c. Was für Hilfen (welche Art von) sind dabei nützlich, wovon profitieren Sie am meisten?

2.d. Wie verbringen die älteren Menschen Ihre Freizeit (Freizeitaktivitäten außerhäuslich)?

2.e. Was könnten Gründe dafür sein, dass Ältere darauf verzichten außer Haus gehen? (Denken Sie allgemein an ältere Menschen)

3. Was erleichtert die Mobilität der älteren Mitbürger -3.1. Was erschwert oder begrenzt die Mobilität älterer Menschen?

3.a Welche Art von Ausstattung (techn. Art) fördert die Mobilität a.M.? Welche sind die wichtigsten? (bei Unverständnis: Rollator, Niederflubusse u.ä.)

3.a.1 Welche Art der Ausstattung beschränkt Mobilität?

3.b. Was erleichtert a.M. den Gebrauch von öffentlichen Verkehrsmitteln?

3.b.1. Was erschwert deren Gebrauch?

3.c. Was erleichtert a. M. öffentliche Plätze/Wege/Strasse zu nutzen?

3.c.1 Was behindert die Nutzung?


3.d.1 Was erschwert es?

3.e. Was verbessert die Sicherheit von a.M. in den Straßen?

3.e.1 und was mindert deren Sicherheit?

4. Welche Maßnahmen sind Ihrer Meinung nach nötig, um die Situation älterer Menschen generell zu verbessern?

4 a. Welche Art von technischer Entwicklung ist notwendig um die Mobilität der Senioren zu erleichtern (fördern)

4.b. Welchen Beitrag hierzu sollte die “Gesellschaft“ leisten? (zur Verbesserung)

4.c. Was sollten die älteren Menschen selbst zur Verbesserung ihrer eigenen Mobilität tun?

4.d. Wie könnte der Zugang zu wichtigen Informationen z.B. über den Bereich der Mobilität, über Serviceangebote, Dienstleistungen und verbraucherfreundliche Angebote verbessert werden (Es gibt sehr viele Angebote, die nur unzureichend bekannt sind)?

4.e Allgemein gesehen: Was könnte an der Erziehung jüngerer Menschen geändert werden, damit deren Verhalten gegenüber den älteren Menschen sich ändert?

5. Was verhindert, dass als nützlich eingeschätzte Maßnahmen nicht implementiert werden?
SIZE Deliverables D5 & D6 - Appendix

5.a. Welche Gründe (nicht finanzieller Art) verhindern die Verwirklichung förderlicher Maßnahmen?
5.b. Welche politischen Entscheidungen verlangsamen die Verwirklichung förderlicher Maßnahmen?
5.c. Welche speziell deutschen oder regionalen Eigenschaften könnten ein Hindernis für die Verwirklichung von förderlichen Maßnahmen sein?
5.d. Einige Senioren sind der Meinung, dass die älteren Menschen nur ungenügend in Öffentlichkeit und Politik repräsentiert sind. Ist das richtig und woran kann das liegen? (Was verhindert eine wirkungsvolle Vertretung?)
5.e. Was stört, Ihrer Meinung nach, die Kommunikation zwischen Jung und Alt? (Junger Generation und älteren Generationen)

Interviewdatum __________

Interviewer___________________
Interviewnummer__________________(bitte durchnumerieren)

Anmerkungen (nur für Senioren; ihr Eindruck: Wohnsituation-Barrieren; Wohngegend ?; erkennbare Verkehrsverbindungen; finanzieller Status,)

References

Bundesanstalt fuer Straßenwesen (BASt) (Hrsg.) 2001. Mehr Verkehrssicherheit fuer Senioren: More Road Safety for Senior Citizens (Berichte der Bundesanstalt für Straßenwesen.


IRELAND [PARTNER 04]

Experts

Description of the data collection approach

A potential expert list was initially developed by the Traffic Research Unit, UCC (Dr. Donncha O'Cinneide). This list included Development Managers of various service providers for older adults, organisations involved in transport, design and urban planning, architects and city/traffic engineers. Representatives from each organisation/service provider were invited to attend the Size Workshop in Jury's hotel in Cork in February 2003 where the nature and aims of the research were outlined. Fifteen older adult organisations were represented.

On June 5th, an invitation letter was sent out to those representatives on the list inviting them to attend a focus group (see Appendix 7.3). At least one representative from each organisation listed attended a group. Through these individuals, further contacts were made with other individuals/organisations who may have had an interest in attending a focus group on the 'Quality of life of senior citizens in relation to transport and mobility'. A number of persons representing the transport, urban planning and design and traffic sectors of the city were contacted in this way. In addition, the co-ordinator of services for older people in the regional Health Board sent an invitation letter, on behalf of the researcher, to the four community development offices relating to Cork city and county that incorporate all the community workers who deal with older adults. Four community workers, all from the urban area, attended a focus group. In total, forty-three experts agreed to participate in a group but of these, only thirty were able to attend on the relevant days.

Focus Group Interviews carried out with experts

All focus groups took place in the research room of the Counselling and Health Studies Unit, University College Cork. Six focus groups were conducted between June 5th and July 31st. Each group took place on a Thursday afternoon from 2pm until 4pm. The dates of the focus groups and the number of participants in each group were as follows:

FGI - 0, June 5th, N = 4;
FGI - 1, June 19th, N = 3;
FGI - 2, June 26th, N = 9;
FGI - 3, July 3rd, N = 3;
FGI - 4, July 24th, N = 5;
FGI - 5, July 31st, N = 6.

A pilot focus group (FGI-0) was conducted to identify any flaws or problems that may have arisen when conducting the groups. From this, it appeared that the procedures in place worked well. However, it was decided not to hold the in-depth interviews with the experts immediately after the focus group as it was found during the pilot study that to do so would be too time-consuming and that participants were unwilling to stay for a further interview. The notes from the focus groups were written up by the report writer in conjunction with the note takers immediately after the completion of each focus group.

For each group, the room was set up so that all participants were seated in a semi-circle around the facilitator. The six questions on which the focus groups were based were written clearly on a flip-chart, with one question appearing on each page, so that participants could view the particular question under discussion at all times. Participants did not know in
advance what the following question would be in order to ensure that no distraction would occur from the particular question being explored. When an audio-recording was used, the permission of all participants was obtained. When two note-takers were present, they were seated at the opposite sides of the room behind the semi-circle of participants. When only one was present, she was seated to one side of the group while the tape-recorder was set up at the other side.

Each focus groups began by asking the participants to introduce themselves to the group and state their working background and the organisation that they were representing. Thus, all participants were acquainted with the backgrounds of the group members. In all, twenty-six experts attended focus groups, with four attending the pilot study. A description of each participant's area of responsibility is provided in Table 1.

Table 1: Expert participants at focus groups (Partner 4)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Area of responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chairperson of A.O.S.T.A retirement committee (Association of Services to the Aged).</td>
</tr>
<tr>
<td>2</td>
<td>Development Officer, Disability Office, Cork City Partnership, representing those with disabilities.</td>
</tr>
<tr>
<td>3</td>
<td>Traffic researcher, Traffic Research Unit, Dept. of Civil Engineering, University College, Cork</td>
</tr>
<tr>
<td>4</td>
<td>Community Development Worker, Cork City Partnership.</td>
</tr>
<tr>
<td>5</td>
<td>Area Manager of Bus Eireann, National Bus Service</td>
</tr>
<tr>
<td>6</td>
<td>Traffic Researcher in microsimulation modelling, Dept. of Civil Engineering, UCC</td>
</tr>
<tr>
<td>7</td>
<td>City Council Directorate, Cork City Development Board</td>
</tr>
<tr>
<td>8</td>
<td>Treasurer Riverstown Senior Citizen's Organisation, Glanmire</td>
</tr>
<tr>
<td>9</td>
<td>Riverstown Senior Citizen's Organisation, Glanmire</td>
</tr>
<tr>
<td>10</td>
<td>Riverstown Senior Citizen's Organisation, Glanmire</td>
</tr>
<tr>
<td>11</td>
<td>Chairperson, Riverstown Senior Citizen's Organisation, Glanmire</td>
</tr>
<tr>
<td>12</td>
<td>Psychologist/community worker, Ballyphehane/ Togher Community Development Project</td>
</tr>
<tr>
<td>13</td>
<td>Faranree Resource Centre - 'Moving Age' Organisation, Day Care Centre for older adults.</td>
</tr>
<tr>
<td>14</td>
<td>Cork City Council, Roads Section</td>
</tr>
<tr>
<td>15</td>
<td>Transportation, Cork City Council</td>
</tr>
<tr>
<td>16</td>
<td>Chairperson, Carrignavar Senior Citizen's Group</td>
</tr>
<tr>
<td>17</td>
<td>Activities Co-ordinator, SHARE Day Care Centre for older adults</td>
</tr>
<tr>
<td>18</td>
<td>Co-ordinator of Services for older people, Southern Health Board</td>
</tr>
<tr>
<td>19</td>
<td>Community worker, Southern Health Board, South Lee area</td>
</tr>
<tr>
<td>20</td>
<td>Development manager, Services for older people, Southern Health Board.</td>
</tr>
<tr>
<td>21</td>
<td>Project Officer, Physical environment, National Council for Ageing and Older</td>
</tr>
<tr>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

People.
Traffic Division, Cork City Council
Cork Area Strategic Plan Co-ordinator (traffic engineering), Cork County Council.
Transport Planner, Atkins Consultants, (Consulting Engineers).
Bus Eireann Driver, Expressway driver for the Glengarriff area.
Community worker, South Lee area of Cork.
Representative from the Roads Department, Cork City Council.
Community Adult Learning Project, Mayfield Community Development Project. Day care centre.
Cork City Council, Roads & Transportation Directorate.
Cork City Council, Roads & Transportation Directorate.
working on MIRACLES project.

**Observations**

All of the experts who attended the focus groups were extremely interested in the research and were forthcoming with their opinions. On more than one occasion, experts asked the group facilitator for a transcript of what emerged overall from the groups as they were interested in such material for future reference. They were informed that once the analysis of the data had been conducted, a brief summary would be sent to them if they so requested. They also wished to learn about the views of older adults expressed during the focus groups. Most experts agreed that there is room for improvement in relation to transport and mobility for older adults. Overall, there was a strong sense that any improvements in the infrastructure of modes of transport would be beneficial for all.

**Individual Interviews carried out with experts**

The in-depth interviews were conducted between October 28th and November 18th, 2003. The experts who attended a focus group were contacted by telephone to further explore the issues that had arisen during the focus group. Four participants stated that they had nothing further to add when contacted as they felt the issues were fully explored during the session. One expert had left the country at the time of the interviews. Another was on annual leave during the period that the in-depth interviews were taking place and finally one expert could not be reached despite four separate attempts. This resulted in 23 in-depth interviews being conducted with the experts. The data elicited during these interviews is presented in the analysis below.

**Seniors**

**Description of the data collection approach**

To obtain as broad a sample as possible of older adults, a number of approaches were adopted. A publication of the regional Health Board entitled "The Green Book, 2002: A Directory of Statutory, Community and Voluntary Sector Services in Cork" was obtained. This directory contained a list of organisations that provide various services for older adults in
Cork City and County. The Heads/Directors of each organisation were contacted, via telephone, and the nature of the research was explained to them. They were then asked to invite members of their organisation to participate in a focus group. From these organisations two older adults attended a focus group. Others expressed an interest in the research but the organisations were simply situated too far from the University for people to attend. However, seventeen other older people participated in an in-depth interview which were conducted over the telephone.

Secondly, through the Cork Older Adult Advocacy Service and the regional Health Board, the Heads/Directors of other organisations that were not listed in the Green Book Directory but which provide services for older adults were contacted. This led to the inclusion of a further five day care centres and senior citizen organisations. Through these groups, seventeen older adults were recruited to the study.

On behalf of the researcher, the Co-ordinator of services for older people in the Regional Health Board sent information (in the form of an invitation letter) to the community development offices in Cork where the community workers who deal with older adults were based. They were asked to provide the names of older adults from their areas who would be willing to participate in a focus group. Six community workers provided a list of eleven older adults from different areas in Cork. The researcher then contacted these individuals personally, via telephone, and invited them to attend. All eleven participated.

Finally, through the Disability Office of the University, contact was made with one older female who is undertaking a degree. UCC provides transport for this lady to and from her lectures. This lady also attended a focus group. Overall, thirty-six older adults agreed to participate in a group, of which thirty-one subsequently attended. Four did not turn up for the group on the day while another person was unable to attend on the day in question.

**Focus groups carried out with seniors**

All focus groups were conducted in the research room of the Counselling and Health Studies Unit, University College Cork. Five were conducted between June 4th and July 30th, 2003. Each group took place on a Wednesday afternoon between 2pm and 4pm. The dates of the focus groups and the number of participants in each group were as follows:

- FGI - 0, June 12th, N = 3;
- FGI - 1, June 24th, N = 7;
- FGI - 2, July 2nd, N = 8;
- FGI - 3, July 23rd, N = 10;
- FGI - 4, July 30th, N = 3.

A pilot focus group was conducted to identify any flaws in the procedures. It became apparent that to obtain sufficient notes from the group, either two note-takers should be present or alternatively a tape-recording of the session should be made in conjunction with one note-taker. For each group, the room was set up so that all participants were seated in a semi-circle around the group facilitator. The six questions around which the focus groups were based were written clearly on a flip-chart with only one question per page, so that participants could view the particular question under discussion at all times. Participants did not know in advance what the following question would be so that no distraction would occur from the particular issue being explored. When a tape-recording was used, the permission of all participants was obtained. When two note-takers were present, they were seated at the opposite sides of the room behind the semi-circle of participants. When only one was present, she was seated to one side of the group while the tape-recorder was set up at the other side.
Each group began by asking participants to think for a few minutes about their lifestyles, how frequently they left their house and how they usually got from point A to point B. This gave the older adults a chance to relax and feel comfortable in their surroundings and also encouraged them to think about their specific situation in relation to transport and mobility.

**Brief description of focus group participants**

Thirty-one older adults attended a focus group. The majority (27) were female. Eighteen participants were in the 65-74 year age bracket while 12 were in the 75-84 year age group. Only 1 person was over 85 years of age. Thirteen participants lived in the city centre, 15 in the suburbs and two came from a rural area. One individual did not answer this question. The most common form of transport used by the older adults was public transport in the form of buses. Only nine people drove a car either very often or relatively often. One older adult was a cyclist. Almost half (13) of the participants stated that they were mobility impaired. Of these, seven used a walking-stick to aid mobility, two used a walking frame while two stated that they required the use of other aids. For one woman, this was in the form of an umbrella. One individual did not answer this question. The majority (25) were living in their own homes, either alone or with a spouse/partner while four were residing in a nursing home and one was living with his or her children. Seventeen older adults had attained a 'middle' (secondary) level of education while four participants achieved a third level education. The remaining nine older adults attended primary level education only. One person did not answer this question. Most of the participants (23) were not currently in any form of employment but six were working part-time and one person stated that they were in full-time employment.

**Observations**

The researcher observed that older adults were generally happy with their mobility conditions, especially with the public buses. Older adults in Ireland are entitled to a free travel pass at the age of 66 years. This pass can be used on all forms of public transport although it is most commonly used on buses. The only restriction with the travel pass on the bus is that it cannot be used during peak hours in the major cities (8am - 9.30am and 4pm - 5.30pm).

**In-depth Interviews carried out with seniors**

In-depth interviews with older adults were conducted between October 28th and November 18th, 2003. All eight organisations listed in the regional health board's directory were contacted and asked to invite older adults, on behalf of the researchers, to participate in an in-depth interview. Five organisations from the city and county region provided a list of 23 names. Two organisations were closed during the time of the in-depth interviews but had previously been invited to take part in a focus group although no older adult from then organisations accepted the invitation. The remaining organisation stated that their members declined to be involved in the interviews. A total of 19 in-depth interviews were successfully conducted. Three people were unavailable to take part on two successive phone calls and the researcher was unable to contact the remaining person despite four attempts.

**Brief description of in-depth interview participants**

There were 12 females and seven males interviewed. Most (10) of the participants were in the 75-84 year age bracket, eight were younger than 74 years and one participant was over 85 years of age. Ten participants were living in a suburban area of Cork city, five were from a rural area and the remaining four were living within the city. Eight participants were
mobility impaired, three needed a walking stick to get around, three used a walking frame, one was in a wheelchair while the remaining participant stated that it was his weight problem that caused him to be mobility impaired. The majority (17) of the participants lived in their own home, one was in sheltered housing and one was living with her sons. Ten participants attended secondary school while two attended a higher level institution. The remaining seven attended primary school only. None of the older adults were working.

**Focus group facilitator’s guide used**

The following guidelines were used by the facilitator during each focus group with older adults. The same format was used with the experts except that questions were rephrased where necessary.

**Focus Groups with older adults: General Guidelines**

Introduction/Greetings

(Facilitator welcomes participants and explains the nature of the research and about SIZE).

The following points are highlighted:

The facilitator is impartial;

No right/wrong answers, just your opinions that count;

Can say positive/negative things;

Only one person to talk at a time;

Confidentiality of material.

Fill out registration form

Ask participants to fill in a registration form. Help is given to any individual who has difficulties understanding it or writing their responses.

Start focus group.

Ask participants to close their eyes for a few minutes, relax and think about their daily activities. How frequently do you leave your house to go places? How satisfied are you with your ability to get there?

General question: What do you think about the mobility conditions (getting around) of older adults?

Allow sufficient time for each participant to answer this question. Ask further questions such as:

- What is your main problem in getting around?
- For drivers (if there are any):
  - How important is it for you to keep driving?
  - Has anyone stopped driving who used to drive? Why?
  - Do you think older people stop driving at the right time? Too early/late?
  - How do you feel about stopping?
  - How do you feel about driving?
  - Do vision or health problems prevent you from driving?
  - Do you rely on front seat passengers to assist you/act as a second pair of eyes?
  - What situations make you uncomfortable driving?
  - Heavy traffic/night time driving/bad weather/young drivers etc

For users of public transport:
How often do you take a taxi/bus?
Do you get a life/rely on family?
Why do you not use public transport?

Question 1: How do you think older adults cope with the present mobility situation?
How do you think they feel about driving?
What prevents them from driving?
What situations do you think may make them uncomfortable driving?
How do you think senior citizens, experts and decision makers cope with the limitations of old age?

Question 2: What enhances the mobility of older adults?
What advantages should be kept as they are?
What would help facilitate responsible driving decisions by seniors?
How can family members/spouses facilitate the decision process?
Are there things that could be done to help seniors to drive safely for longer?

Question 3: What limits the mobility of older adults?

Question 4: What measures are necessary to improve the situation?
What measures are necessary?
Are they realistic/feasible?
Are there things that could be done to help older people drive safely longer?

Question 5: What prevents measures that are considered useful from being implemented?

Letter of invitation

June 5th, 2003

To Whom It May Concern:

The Traffic Research Unit, Dr. Donncha O’Cinneide, Robert Duggan and the Counselling and Health Studies Unit (CHSU), Professor Eleanor O’Leary, Ciara Staunton, University College, Cork, are conducting a study in conjunction with other European countries into the quality of life of older adults.

More specifically, the research project SiZE of the EU examines the situation of older adults with respect to their mobility and transportation needs. This investigation is taking place in eight European countries at the same time. Persons of 65 years and older are particularly addressed in their role as road users. Thus, SiZE is a research project aimed at a comprehensive analysis of the interrelations between quality of life and mobility among older adults. European policies regarding older people aim at maintaining their mobility, as this is a central element of their integration in society. Older adults want to lead an autonomous and independent life as much and as long as possible without the help of others. Losing the ability to participate in outdoor activities can create a vicious circle of immobility, implying that an important stimulus for the older adult vanishes. This regularly leads to passivity. Thus, the provision of transport and mobility for older people is a central societal goal. The three main objectives of the SiZE Project are:

Objective 1: To explain and to describe the present mobility situation of older adults from their perspective in each of the eight participating countries;

Objective 2: To motivate action from the side of the authorities and other relevant groups in society who are, or feel, responsible to this group;

Objective 3: To provide guidance for the setting up and the implementation of policies towards "keeping older people mobile".
Above all, the study will serve to improve the quality of life of older adults by attending to road safety. To achieve the above objectives, we hope to conduct two different types of focus groups. For the first focus group, we seek the personal experiences of adults over 65 years in relation to issues of transport. This focus group will be of two hours duration where we invite older adults to discuss and express their experiences, thoughts and convictions about mobility in old age. Suggestions for changes and improvements are also welcome. Of course, everything discussed in the group will be treated confidentially. If any older adult cannot attend a focus group, they may still be involved in the research by agreeing to a phone call with me which would last between 20 and 30 minutes. By utilising both of these procedures, focus groups and phone calls, we hope to attain the views of about sixty older adults in relation to mobility.

For the second focus group, we would like to include a group of people who are involved with either older adult organisations, transport organisation, urban planning or bodies that have a decision making authority. We invite this group to discuss and express their experiences, thoughts and convictions about what they think are the main mobility problems in old age. Suggestions for changes and improvements are also welcome. Again, this focus group will be of two hours duration but will also involve a follow-up phone call of about ten minutes in which to ensure that all the views of these experts have been included.

To conduct these focus groups, I am hoping to involve between 60 and 65 older adults, as well as 30 - 35 experts. This will be the Irish representation within the European project. The information provided will help us better address the quality of life of all older adults through addressing transportation and driving needs.

If you would like to participate in this research or have any questions about the study you can contact me at 021-4902084 or email c.staunton@ucc.ie

Thank you very much,

We look forward to talking with you.

Ciara Staunton (Manager),
Counselling & Health Studies Unit, Department of Applied Psychology, UCC.

References


ITALY [PARTNER 05]

Experts

Description of the data collection approach

The participants have been selected in order to have a global representation of elderly mobility framework. The peculiarity and complexity of the subject requires a multidisciplinary approach, for this reason we have focused on the most important experts in Rome and in Italy involved in mobility issues, belonging not only to different domains in universities, associations, companies but also representing various cultural backgrounds. Moreover, an accurate research has been made at all levels of municipal administration to invite appropriate decision makers and technical planners of mobility and social policies.

Every expert has been chosen for his specific competencies in his own domain, with the purpose to point out the definitions of the critical problems which elderly people run into. Expert's participation to the Focus Groups and in-depth interviews allows to define technical and strategic contributions in conceiving, or giving concrete form, to strategies facing the difficulties elderly find daily in mobility.

According to the final objective of the research, we have examined exhaustively the real demand of the elderly population by comparing the opinions, the beliefs, as well as the desires and the expectations of the road users with the positions of the sector technicians in control of the decisional, conceptual and implementation processes.

All these opinions, contributions and suggestions became data for the research analysis which have been collected by notes and then organised and listed by category, question by question.

FGIs carried out with experts

All the Focus Groups with experts have taken place in a DiPSA meeting room in the month of July 2003.

The sessions started with a short presentation by each participant. After a short introduction of the SIZE European research and of the themes dealt with in the Focus Group, the first question was proposed to the participants.

All the sessions have been moderated by Barbara Summo, the psychologist actually working for SIZE, and Lucia Martincigh, the national scientific responsible. Two researchers, technicians actually working for SIZE, have written down the discussion of the Focus Group, as recommended in the instructions given by WP leader.

The first session was on July, 22, 2003, with seven participants:

Raffaela Milano, Head of Councillorship for Social Policies of the Town of Rome. She was chosen for her councillorship, which is just in control of the problems of the vulnerable categories of citizens. In her role, she has shown an active participation in promoting the services for the elderly of the Town Municipality.

Mario Corsini, President of the elderly association "A&A Abitare e Anziani". He is an actual user of the road and the mobility system over 65 years old. With his association he tries to
point out the problems of elderly people and to promote solutions mediating common people's needs and bureaucratic difficulties.

Giuseppe Scaramuzza, Member of the citizen association “Cittadinanza Attiva”. He represents an association very active in social policies, user’s rights and particular citizen problems. This association has worked on the accessibility of several public offices to disabled and mobility impaired people. It is also engaged in a study on the safety in the urban paths.

Daniela Carbone, Member of a transport company “ASSTRA Associazione Trasporti”. She is an engineer, working in a company which takes care of the purchase, and the conformity to the Italian regulations, of the public transport means (bus, trains). She knows well all the technical problems related to the use of public transport vehicles.

Antonella Fantozzi, Member of the company of public transport of Rome “ATAC”. She is an architect involved in users’ aspects of public transport.

Andrea Vidotto Director of the Department of Design and Study of Architecture “DiPSA” of the University RomaTre. he is a well known architect in charge of various projects; he is also an expert of the perception and design of the urban spaces.

Potito Iascone, Coordinator for the review of the New Italian Road Code. He has a very long experience in the mobility regulations and Civil Rights. He has also made many studies on road safety and road user’s rights. He is a supervisor of the Town Municipality Technical Office for the conformity to regulations of the design of roads, circulation and traffic calming measures.

The second session was on July, 24, 2003, with 13 participants:

Alessandro Salone, Officer of the Councillorship for Agricultural and Environmental Policies of the Municipality of Rome.

Fabrizio Panecaldo, Member of the Rome Town Council Town, in charge of the Urban Parking Plan execution of the Municipality of Rome.

Vittorio Sartogo, President of the pedestrian association “Diritti del Pedone”.

Maurizio Vella, Manager of the Italian Automobile Club “ACI”.

Pietro Angelo Sardi, President of the Italian Psychologists of the Mobility Safety Association “SIPSIVi”.

Piergiorgio Rosso, Member the 4th Municipality Council of Rome.

Alessandro Fuschiotto, Member of the Company for Urban Mobility Facilities of the Town of Rome “STA”. He is actually in charge of the elaboration of the Urban Mobility Plans for some of the Municipalities of the City of Rome.


He is responsible of the sector dedicated to pedestrian mobility planning.

Alessio Pitidis, Researcher of the Italian Institute of Public Health “ISS”.

Eleonora Vetromile, Architect, Technical Office of Road Safety of the Province of Rome. She has been in charge of the program for the safety upgrading of the provincial road system.

Assunta D’Innocenzo, Editor-in-chief of the magazine “A&A Informa”. She is an Architect involved in elderly housing and social problems.

Andrea Costanzo, Doctor, University Professor of Road Traumatology. He is a well known all around the world professor. He has written a book on driving safety and the risk of incidents.
He collaborates with foreign universities and private companies to develop studies and prevention systems.

Carlo Sessa, Researcher of the Institute of Studies for Integration of Systems “ISIS”. He has been responsible, as coordinator of the EC funded project TRANSPLUS under the 'City of Tomorrow and Cultural Heritage' key action, dealing with mobility planning policies and land use for sustainable mobility.

*The third session on 2003, 31, July with 4 participants:*

Dott. Flavio Frera, President of the Association of road victims “Strada Amica”. He is a parent of a road victim. He is involved in all the activities concerning safety of mobility and the promotion of pedestrian paths and spaces.

Dott. Gianni D’Alfonso, Coordinator of the University of the’ Autobiography.

Luca Urbani, Engineer, Researcher and doctorate student of the Department of Hydraulics, Transports and Roads of the University of Rome “La Sapienza”.

He is specialised in traffic and road design. He participates to several European research programs on vulnerable user mobility.

Corrado Cotignano, Transport Designer.

He is an architect. He has had a technical formation and has made studies on technologies, materials and design of transport means.

The three sessions of Focus Group pointed out the cultural issues and prejudices that define the decision makers’ point of view, and, therefore, their political and/or social action. The indifference of the political power to this subject has emerged, supported by almost all the other experts, who often spoke as users, in spite of politicians who defended the work of their offices. The discussion has become very heated: it crossed technical, social and political problems of elders mobility in Italy, first of all trying to define the problems by statistical data, professional experience and, also, subjective beliefs. Most of the problems has been pointed out in the big cities where the elderly needs have many difficulties to be considered in the same way and with the same importance of the common worker’s needs. On the contrary many correct attitudes and best practices have been pointed out in small cities, which seem easier to be administrated.

*Individual Interviews carried out with experts*

The in-depth interviews with experts have been begun on September, 9, 2003, and have been finished on October, 16, 2003. The interviews have taken place at the locations chosen by interviewed, their own work place. Somebody has chosen another site as Mr Frera, who has been interviewed in his home in Brescia and Mr Iascone, who has chosen to be interviewed in the Dipsa rooms because he was passing by Rome. Mr D’alfonso too has preferred to be interviewed at Dipsa.

All the experts have been at their ease during the interview, also when they were in a hurry.

The interviews have been done using the same structure of six questions proposed in the Focus Groups. In this way the experts have been free to answer without conditioning due to particular questions. Then it has been easier to check the changes or the confirmation of their opinions.

Answering to the first question, the experts, often, enlarged their talk introducing subjects related to the others questions. Time by time, the interviewer has organised all the subjects
given by answers according to the questions. This operation has been done at the same time of interview or later, at its end.

All the participants looked interested at the project even if, sometimes the answers were very short and seemed to propose the issues already expressed during the FGI, and any other in depth thought. This could be explained by considering two different aspects: the FGI were long sessions, at least three hours each one, so the participants had the possibility both to compare their own ideas and to express them in depth. Moreover, we think that the participants we called, cope daily the same traffic related problems and have structured strongly their ideas, but also their beliefs and prejudices.

Seniors

*Description of the data collection approach*

The participants were selected in order to have a global representation of elderly's mobility by their own point of view. Seniors have been contacted with the support of A&A, Italian Elderly Association partner in SIZE. We have taken into consideration the research issues by inviting elderly responding to the requested standards: age, gender, living area, etc. just to guarantee a high reliability of the results.

*FGIs carried out with seniors*

Each one of the senior Focus Groups has taken place in the meeting room of the local elderly social centre. The first meeting has taken place on July, 9, 2003, in an urban area named San Saba, located in a central district of Rome: Aventino. The second one on 2003, 17, July, in a suburban area of Rome named Colli Aniene, and the last one on 3, October, 2003, in Ariccia, a village near Rome located in a hilly rural area.

In all the Focus Groups the participants were mostly female, retired and with elementary education. They seemed to be very interested in the FGI sessions probably because of the arguments concerning their daily life; in fact their thoughts seemed very structured at cognitive level and also emotionally characterised.

The prevalent presence of the female gender is related to two factors. On one side a statistical one: a higher number of women grow older than men; on the other side, they are more at hand, more easily involved, lively and bright.

*Individual Interviews carried out with seniors*

The in-depth interviews with seniors have been begun on September and have been finished on October. We have to point out that very often the interviewed elders have used the interview session as a possibility to express (finally!) their daily discomfort due to mobility troubles, to a competent person, or a spokesman.

*Focus group facilitator’s guides used*

*Individual interview guides used*

Sub-questions per anziani (versione finale, da utilizzare nel corso del WP3 IDI-S)

Cosa pensa della situazione attuale dei cittadini anziani?

1a. Quali sono i cambiamenti peculiari che avvengono durante il processo di invecchiamento?
1b. Quali sono i più frequenti motivi per cui gli anziani escono?
1c. Che influenza ha la situazione economica sulla mobilità degli anziani?
1d. Qual è l’atteggiamento della società nei confronti delle persone anziane?
1e. Quali minacce temono gli anziani?
In che modo i cittadini anziani fronteggiano l’attuale situazione della mobilità?
2a. In che modo gli anziani si prendono cura della loro condizione fisica e del loro umore?
2b. Che tipo di trasporto usano per le corte e per le lunghe distanze?
2c. Di quale tipo di aiuto beneficiano?
2d. Come trascorrono il tempo libero?
2e. Perché alcuni anziani fanno a meno delle attività all’aperto?
3.1 Cosa aumenta la mobilità dei cittadini anziani?
3.2 Cosa limita la mobilità dei cittadini anziani?
3.2a. Che genere di attrezzature fa aumentare la mobilità, e quale invece la limita? Quali sono le attrezzature più importanti?
3.2b. Cosa ostacola e cosa agevola gli anziani nell’utilizzo dei mezzi pubblici?
3.2c. Cosa ostacola e cosa agevola gli anziani nei loro spostamenti nei luoghi pubblici?
3.2d. Cosa ostacola e cosa agevola l’essere indipendenti in casa per le attività quotidiane?
3.2e. Cosa aumenta e cosa diminuisce la sicurezza dei cittadini anziani nelle strade?
4. Quali interventi sono necessari per migliorare la situazione?
4a. Quale tipo di progresso tecnico è necessario per facilitare la mobilità dei cittadini anziani?
4b. Cosa dovrebbe fare la società per facilitarlo?
4c. Cosa dovrebbero fare gli anziani per se stessi per aumentare la propria mobilità?
4d. Come favorire l’accesso alle informazioni relative ai servizi e alle attrezzature che i cittadini anziani utilizzano per i loro spostamenti?
4e. Cosa dovrebbe essere modificato nel processo educativo per cambiare l’approccio dei giovani verso i cittadini anziani?
5. Cosa impedisce l’implementazione delle misure ritenute utili?
5a. Quali ostacoli (oltre a quelli finanziari) impediscono la realizzazione delle attrezzature?
5b. Quali decisioni, prese dal governo ai diversi livelli, rallentano la realizzazione di queste attrezzature?
5c. Quali caratteristiche nazionali/regionali costituiscono una barriera alla realizzazione di buoni attrezzature?
5d. Alcuni anziani sostengono che la loro rappresentanza nei dibattiti pubblici sia insufficiente. Hanno ragione? E sì, come mai avviene ciò?
5e. Cosa impedisce la comunicazione tra le generazioni più giovani e quelle più vecchie?
Experts

Description of the data collection approach

In Sweden the data collection approach was to find representatives from all levels; national, regional and local. A broad approach was also used to include different areas and responsibilities from the transport and mobility sector. On a national level the participants represented the parliament, the social ministry, the industry ministry, the national road administration and the umbrella organisation for public transport. On a regional and local level representatives came from local administrations in three municipalities, consultants and the regional road administration. Politicians from local governments were also represented.

Focus Group Interviews carried out with experts

Three focus groups were conducted, one with representatives from the national level and two with a mix of representatives from regional and local levels. In all 20 persons participated.

The national focus group was conducted in Stockholm, June 10th 2003 with in all 6 participants, 4 women and 2 men. The focus group lasted for two hours, a short coffee break included. After the discussion the participants were invited for a simple lunch.

The two regional/local focus groups were conducted in Lund, May 7th and June 11th 2003. In the May focus group 7 people participated, 1 woman and 6 men. In the June focus group another 7 people participated, 2 women and 5 men. Both focus groups lasted for two hours, coffee break included. The participants were invited for a simple lunch either before or after the discussion.

In-depth Interviews carried out with experts

During the summer and early fall the participants from the focus groups were conducted for a short interview. This was conducted either as personal interviews either face to face or via telephone. Each interview lasted between 15 – 30 minutes.

Seniors

Description of the data collection approach

In Sweden The pensioners’ national organisation, PRO, is a partner in the project. PRO recruited the participants from their regional organisation, PRO Skåne. Instructions were given to PRO to have a as broad approach as possible regarding distribution of age, gender and living areas (rural, sub-urban and urban) in their sample.

Focus Group Interviews carried out with seniors

Four focus groups were conducted. All took place in Malmö, the biggest city in the south part of Sweden. In all 28 persons participated. The focus group interviews were conducted, in May 6th 2003 with 10 participants; 4 women and 6 men, in June 5th with 10 participants; 5 women and 5 men and in June 19th with 8 participants; 5 women and 3 men. All focus group last for almost three hours, a short coffee break included.
In-Depth Interviews carried out with seniors

In depth interviews were carried out at two different occasions. In all 20 elderly people were interviewed. The first day, August 27th, a total of 12 interviews were carried out; 5 women and 7 men. The interviews were personal face to face interviews and lasted for approximately 30 – 45 minutes. The interviews took place in Malmö, in connection with a social event arranged by the PRO.

The second day, September 30th, a total of 8 people were interviewed; 1 woman and 7 men. These interviews were also personal face to face interviews and lasted for approximately 30 – 45 minutes. The interviews took place in Svedala, a smaller sub-urban area, in connection with a local conference about traffic safety arranged by the PRO.

Used moderator’s guide for senior’s FGI

Intervjuguide

Du inbjuds härmed att delta i ett nystartat EU-projekt SIZE genom att medverka i en fokusgrupp med efterföljande djupintervju. Inbjudan skickas ut till äldre som är medlemmar i PRO

Vad är SIZE och vilka länder ingår i projektet?
SIZE är ett projekt som behandlar äldre personers livskvalitet utifrån ett trafik- och samhällsperspektiv. I projektet ingår representanter från Irland, Italien, Polen, Spanien, Sverige, Tjeckien och Österrike.

Vad är syftet med SIZE?
Syftet med SIZE är att åstadkomma en mångsidig analys av sambanden mellan livskvalitet och mobilitet bland äldre. Mobiliteten är beroende av både individens och samhällets förutsättningar. Kunskaperna om sambanden mellan aktivitet, rörlighet, hälsa och sociala nätverk samt trafik och transporter är emellertid mycket begränsade.

Vad är fokusgrupper?
Fokusgrupperna består en liten grupp personer som kommer samman för en intervju i ett specifikt ämne. I SIZE projektet är följande fyra frågor definierade:
Hur tycker Du att Du som äldre klarar Din nuvarande situation vad gäller trafik och rörlighet?
Vad är fokusgruppintervjun beräknas ta ca två timmar. Därefter tas ny kontakt för en individuell djupintervju senare i höst som beräknas ta ca en halvtimme.

Vi hoppas att ämnet och fokusgruppintervjun kan intressera Dig och ser fram emot att hälsa Dig välkommen till vår Fokusgrupp i Malmö. Vi ersätter naturligtvis Dina reskostnader och bjuder på kaffe med tilltugg.
Agneta Ståhl
Professor i Trafikplanering
Lunds tekniska högskola

Monica Berntman
Lektor i Vägbyggnad
Lunds tekniska högskola

Ralf Risser
Koordinator för SIZE
FACTUM OHG Wien
Appendix 60

**Used moderator’s guide for experts interviews**

*Intervjuguide*

Du inbjuds härmed att delta i ett nystartat EU-projekt SIZE genom att medverka i en fokusgrupp med efterföljande djupintervju. Inbjudan kommer till Dig i egenskap av politiker eller handläggare av mobilitetsfrågor för äldre i vårt samhälle.

Vad är SIZE och vilka länder ingår i projektet?

SIZE är ett projekt som behandlar äldre personers livskvalitet utifrån ett trafik- och samhällsperspektiv. I projektet ingår representanter från Irland, Italien, Polen, Spanien, Sverige, Tjeckien och Österrike.

Vad är syftet med SIZE?

Syftet med SIZE är att åstadkomma en mångsidig analys av sambanden mellan livskvalitet och mobilitet bland äldre. Mobiliteten är beroende av både individens och samhällets förutsättningar. Kunskaperna om sambanden mellan aktivitet, rörlighet, hälsa och sociala nätverk samt trafik och transporter är emellertid mycket begränsade.

Vad är fokusgrupper?

Fokusgrupperna består en liten grupp personer som kommer samman för en intervju i ett specifikt ämne. I SIZE projektet är följande fyra frågor definierade:

Hur tror Du äldre personer klarar sin nuvarande situation vad gäller trafik och rörlighet?

Vad ökar och vad begränsar äldres rörlighet?

Vilka åtgärder behöver vidtagas för att förbättra dagens situation? Är dessa åtgärder möjliga och realistiska?

Vad är det som gör att åtgärder som bedöms vara bra och meningsfulla inte genomförs?

Fokusgruppsintervjun beräknas ta ca två timmar. Därefter tas ny kontakt för en individuell djupintervju som beräknas ta ca en halvtimme.

Vi hoppas att ämnet och fokusgruppsintervjun kan intressera Dig och ser fram emot att hälsa Dig välkommen till vår fokusgrupp. Var vänlig bekräfta Din medverkan på bifogad Anmälningsblankett.

**Agneta Ståhl**
Professor i Trafikplanering
Lunds tekniska högskola

**Monica Berntman**
Lektor i Vägbyggnad
Lunds tekniska högskola

**Ralf Risser**
Koordinator för SIZE
FACTUM OHG Wien

**Used interviewer’s guide and sub-questions for senior’s IDI**

"Djup"intervjuer med äldre

Vad är Din uppfattning om äldres rörlighet idag?

Beträffande:

a. Typiska förändringar under åldrandet
b. De vanligaste skälen till att gå ut
c. Den ekonomiska situationen
d. Attityden i samhället till äldre
e. Rädsla och otrygghet för att vistas ut
Hur klarar äldre sin nuvarande situation?
Beträffande:
a. Ta hand om sin fysiska kondition och sinnesstämning
b. Organiserar de korta och långa resorna
c. Behov av hjälp och stöd
d. Använda sin fritid
e. Hur vissa äldre klarar att inte vara ute
3.a Vad ökar äldres rörlighet
Beträffande:
a. Vilken typ av utrustning ökar rörligheten? Vilken utrustning är viktigast?
b. Vad kan underlätta att använda kollektivtrafiken
c. Vad kan underlätta att röra sig på allmän plats
d. Vad kan underlätta att vara oberoende i hushållet (i de dagliga göromålen)
e. Vad ökar de äldres säkerhet på gatorna?
3.b Vad minskar äldres rörlighet
Beträffande:
a. Vilken typ av utrustning minskar rörligheten?
b. Vad kan försämra att använda kollektivtrafiken
c. Vad kan försämra att röra sig på allmän plats
d. Vad kan försämra att vara oberoende i hushållet (i de dagliga göromålen)
e. Vad minskar de äldres säkerhet på gatorna?
4. Förslå förbättringar som är möjliga
Beträffande:
a. Vilket slags teknisk utveckling är nödvändig för att öka rörligheten?
b. Vad behöver samhället göra för att underlätta?
c. Vad kan de äldre själv gör för att öka sin rörlighet?
d. Hur underlätta tillgängligheten till information om användbar service och bekvämligheter som äldre kan ha behov av?
e. Vad bör förändras i utbildningen så att yngre människor förändrar sin attityd till äldre?
Varför genomförs inte möjliga åtgärder?
Beträffande:
a. Vilka mätt och steg (andra än ekonomiska) försämrar genomförandet av åtgärder?
b. Vilka beslut som tas av myndigheterna kan försena genomförande?
c. Vilka nationella/regionala drag är hinder i genomförandet av goda åtgärder?
d. Några äldre tycker att äldre har dåligt representeade i allmänna organ. Har de rätt? Om ja, vad är skälen till detta?
e. Vad försämrar utbytet mellan äldre och yngre?
Experts

*The data collection approach*

**Subjects:** 30 experts representing scientific, legislative, administration and transport organisations participated in the WP4 research project. There were 14 females and 16 males among them. Their average age was between 45 and 50. The participants of the focus group interviews were selected from organisations mainly located in Cracow. Among experts there were the representatives: of the medical area (3) and the road police (3), of the academic area (7), of the transport and road administration (10), of the local legislative government (2), of the public urban (2) and railway (2) transport. Only one (1) participant was an independent expert of the transport area.

**Focus group interviews carried out with experts**

Experts’ focus group interviews (FGI) took place in Cracow (3 meetings numbered 1, 2, 3) and in Zakopane (1 meeting numbered 4). The first three meetings took place in the conference room of Architecture Department of Cracow University of Technology (19th May 2003, 6th June 2003, 9th June 2003). The participants of the first three FGIs represented different area of interest (doctors, scientists, design engineers, transport engineers, policeman, etc.), and they all worked for institutions and organisations located in Cracow. The fourth FGI was held in Zakopane during the Conference of Transport Engineers (16th June 2003). The participants worked for different transport organisations located all over the country.

Each FGI lasted about 2 hours. The discussion was conducted according to the question panel. Well-experienced in focus conducting procedure psychologists moderated it. The answers were written down and recorded by 2 secretaries (assistants). At the end of the each interview session participants completed the FQQ/PRF. The respondents got paid (rewarded) for taking part in the project. The collected data were initially analysed within 2 hours after each meeting.

**In-depth interview carried out with experts**

These interviews took place mainly in restaurants located in the centre of Cracow between 16th and 30th June 2003. Some experts invited the researches to their offices. The participants of the fourth FGI attended IDI during the Conference of Transport Engineers in Zakopane (17th June 2003). They were exactly the same people. The questioner was prepared basing on analyses of their utterances in FGI. In-depth interviews lasted 1-2 hours. The experts’ opinions were written down by researchers and analysed within the same day. Psychologists (2) and transport communication engineers (2) conducted all the IDIs with experts.
Seniors

Focus Group Interviews carried out with seniors

Subjects: 36 seniors coming from rural (1), urban (23), and suburban (12) area. There were 14 males and 22 females among them. There were 21 subjects belonging to the first age group, 21 – to the second and 31 to the third age group. 11 participants were disabled (4 were using walking-sticks, 3 - crutches, 4 – other types of aids). The respondents had been selected from different seniors’ organisations – seniors club of Cracow university of technology former students association and 2 geriatric houses. Some of FGI participants accessed the project answering to the flyers distributed by the researchers.

Seniors FGIs took place in Cracow (3 meetings: 1st, 2nd, 3rd) and in Żywiec (1 meeting, 4th). Three meetings took place at the conference room of architecture department of Cracow university of technology (16th May, 2nd June, 4th June 2003). The FGI in Żywiec took place in a primary school building (13th June 2003).

The discussion was conducted according to the question panel. The answers were written down and recorded by 2 secretaries (assistants). The interview session was completed with the FQQ/PRF. The respondents got paid (rewarded) for taking part in the project. The collected data were rewritten and preliminary analysed within 2 hours after the meeting.

Individual Interviews with seniors

Subjects: there were 30 elderly subjects from rural (5), urban (16), and suburban (9) areas participating in IDIs. There were 10 males and 20 females among them. There were 14 subjects belonging to the first age group, 11 – to the second, and 5 to the third age group. IDIs were conducted between 1st July and 1st September 2003.

The respondents were selected according to the place of living. The interviews took place mostly in a city centre of Cracow in townhall building. Because of the level of disability some of the meetings took place in participants privet houses.

The respondents answered to a questionnaire of 5 questions prepared by psychologist concerning the seniors’ mobility subject. The answers had been written down or recorded by researchers and analysed by psychologist after the meeting. By the end of the interview session the FQQ and PRF were administered. The respondents were paid for their participation in the project.

Used interviewer’s guide

WPROWADZENIE – FGI
MODERATOR


Chcielibyśmy jednocześnie przedstawić Panią dr Lidię Żakowską z Politechniki Krakowskiej, kierownika projektu SZIE ze strony polskiej. Najpierw chcielibyśmy powiedzieć parę słów na
temat samego projektu, a następnie przejść do dyskusji wokół wybranych zagadnień dotyczących naszego tematu przewodniego. Oddajemy teraz głos p. dr Lidii Żakowskiej.

[dr LIDIA ŻAKOWSKA - wprowadzenie na temat projektu SIZE – zakres z ulotki ]

MODERATOR

Dziękujemy p. dr za przedstawienie projektu SIZE a teraz zapraszamy do dyskusji. Nasze pierwsze pytanie jest takie:

1. Co, Państwa zdaniem, utrudnia osobom starszym poruszanie się i przemieszczanie?
2. W jaki sposób obecnie radzą sobie Państwo z utrudnieniami w poruszaniu się i przemieszczaniu?
3. Czy mogliby Państwo powiedzieć, co Wam ułatwia, a co utrudnia radzenie sobie z obecną sytuacją?
5. Jak Państwo sądzą, dlaczego te rozwiązania nie zostały dotychczas wprowadzone?
Experts

Description of data collection approach

The participants were selected with intention to range over the all field. The sample of 38 persons includes researchers, decision makers and practitioners that deal with all aspects of seniors mobility – urban planners, traffic engineers, psychologists, sociologists, social workers, nurses.

The participants in focus group interviews are not perfectly identical with respondents for individual interviews. It is for two reasons: first, not all the FGI participants were willing or suitable for further interview; second, the focus group interviews did not cover all branches in question, so people from other domains were looked for.

Generally, in individual interviews, about one half of respondents come from focus groups, and the rest are the new participants.

FGIs with experts

Following focus group interviews were carried out with experts in various branches:

5th August 2003 – FGI with researchers and practitioners took place in conference room in CDV. Traffic engineers, both from practice and university, were present.

8th August 2003 – FGI with traffic safety researchers took place in CDV. Traffic engineers, statisticians, urban planners and psychologists were present.

12th August 2003 – FGI with researchers in field of public transport took place in CDV

19th August 2003 – FGI with practitioners in field of gerontology was carried out, taking place in Pension for seniors. Social workers and nurses were present.

27th August 2003 – FGI with officials from the field of urban and transport planning and social care took place in County Council in Brno.

The mobility of seniors is not an individual branch or even an important aspect to be focused on in the Czech Republic. All the participants were experts in other fields and the issue of mobility of seniors was only a “side” aspect, not exactly in the centre of their interest, with exception of fourth focus group, where, contrariwise, the mobility or the transport was only one of many problems.

The respondents therefore mostly did not focus on the seniors only and talked about problems, limits, measures and possibilities that would concern anybody, and seniors or persons with a handicap especially. There was a strong tendency to watch the seniors as walkers, exceptionally cyclists and first of all as public transport users. It reflexes well the situation of higher age groups. The younger seniors that use also the car relatively often were considered rather seldom, and, generally, there was a tendency (with some exceptions of course) not to solve their problems separately from other driver population problems, i.e., their difficulties do not differ much from difficulties of younger drivers. This approach could be observed especially at experts that were in senior age themselves.
**Individual Interviews with experts**

The individual interviews started 11th August and finished 9th September. The participants were selected with regard to the aspect that were not covered, or were touched only in an insufficient way, in focus group interviews. The sample includes traffic engineers, urban planners, psychologists and sociologists.

The attitude of respondents to the problem was similar to the one observed in focus groups – those approaching the senior age or already seniors themselves refused the idea of perception of seniors as a separated group in transport, while the younger ones kept the image of senior as a public transport user with specific problems.

**Seniors**

**Description of data collection approach**

The participants were selected with intention to create sample of seniors of all categories. We addressed the seniors from big cities, small village towns and from villages, men and women, with various degrees of education, various types of economic activity and habitation, practising various types of mobility. In total, 89 seniors participated, 54 of them in focus group interviews and 35 in individual interviews.

In the cities and the suburban areas, there was more interest about the focus group interviews than in small towns and villages (and respondents also raised more issues concerning seniors’ mobility than in villages), so the city dwellers are a bit overrated in focus groups. In individual interviews, the proportion is more balanced.

**FGIs with seniors**

Following focus group interviews were carried out with seniors:

1st July 2003 – FGI with clients of a nursing home in Brno city

2nd July 2003 – FGI with seniors from various towns took place in conference room in CDV

3rd July 2003 – FGI was carried out with dwellers of a pension for retired people in the suburb of Brno

7th July 2003 – FGI took place in main quarter of Association of seniors; participants from various towns were present

9th July 2003 – second FGI in Association of seniors

22nd September – FGI with dwellers of pension for retired people in small village town Hodonín

The sample of 54 persons attending focus group interviews covered seniors with all degrees of mobility – from those whose mobility was not impaired at all to those who were dependent on wheel chair and kindness of nurses or relatives. The variety of the topics discussed was therefore quite substantial.

Although more women than men (34:20) attended the focus group interviews, men were more active, especially when the discussion came to possible measures; they also had more concrete and realisable proposals.
**Individual Interviews with seniors**

The individual interviews started 4th August and finished 15th September. The participants were selected – beside criteria mentioned above - with special regard to their place of living, to cover the types of settlement that were not satisfactorily dealt with in previous phase.

In individual interviews, respondents having enough time and possibilities to express their opinions with no public around, the difference between men and women observed in focus group interviews did not appear.

Again, respondents from cities raised more issues than seniors from villages or small village towns.
Experts

Description of the data collection approach

Objective: What do the experts in Spain think about the current mobility conditions for elderly people and their way of dealing with them. A qualitative study in diverse Spanish cities and towns.

In this study experts having these profiles from different areas and administrations have participated: a) Professionals and employees in institutions related to traffic and public roadways design. b) Representatives of institutions related to traffic and access planning (town halls, traffic police....). c) Experts in traffic, the elderly, and physical limitations from different political parties, trade unions and other associations. The total number of participants was 31, from four different cities, interviewed from the month of June to the month of August. All of them responded to a “focus group” interview that lasted approximately one hour and 45 minutes, and then later to an individual interview that lasted about 45 minutes. In all, there were four “focus group” interviews and 31 individual ones.

Their collaboration was managed through local or geriatric institutions, following the work plan specified in WP4. The cities where collaboration was requested were chosen for their logistic convenience and because their mobility situation was reasonably representative of other Spanish cities. In this way, Barcelona is a prototype of a large city; Palma de Mallorca, a medium-size city; Elda, a small city and La Eliana, a small town but capable of presenting a group of qualified experts.

Focus group and in-depth interviews carried out with experts

Since the samples of experts were the same for the FGI and for the IDI, the description of the groups and places where the interviews took place will be discussed in the same sub-section.

On the Spanish side, our team has been able to work in the following cities/towns:

Barcelona

This is a large city with more than a million and a half inhabitants according to its census. However, the area of influence of the Metropolitan Transport Authority includes a population of four and a half million inhabitants. It is one of the main points of arrival into and departure from the country by all modes of transportation. The public transportation service includes subway, bus, taxi, special vehicles, and a tram line has now been put into service.

Eight experts in all participated in the interviews. The “focus group” was carried out the 4th of July, 2003 and the interviews between the 8th and 15th of July, 2003. The areas of responsibility represented were:

- A representative from the Barcelona Office of Metropolitan Transport Project Coordination.
- A representative from the Accident Unit of the Urban Guard.
- A representative from the Barcelona City Hall Office of Communication and Quality for Public Thoroughfares.
SIZE Deliverables D5 & D6 - Appendix

- A representative from the Barcelona City Hall “Consell Assesor de la Gent Gran” ("Elderly Counselling Council").
- A representative from the Public Health Agency.
- A representative from the Barcelona City Hall Office of Accessibility.
- A representative from the Barcelona City Hall Department of Road Space Arrangement.
- A representative from the Barcelona City Hall Department of Traffic Studies and Safety.

Elda

This is an industrial centre located in the Community of Valencia, 37 km. from Alicante and 380 km. from Madrid. Its main industry is shoemaking. Currently, the population forms an urban unit with the adjoining town of Petrer, together approaching 80,000 inhabitants. It is a small inland city, bounded by mountain formations. It is accessible by train and highway, as well as by public bus service and taxis.

Seven experts participated in the interviews. The “focus group” was carried out on the 25th of June, 2003, and the individual interviews were made after that until the 30th of June. The areas of responsibility represented were:

- A social Worker from the Petrer Medical Centre.
- A director of the Elda Elderly Assistance Centre.
- A physical therapist from the Petrer Elderly Assistance Centre.
- A nurse from the Elda Elderly Assistance Centre.
- A representative from the Elda City Hall area of Healthcare Coordination.
- A representative from the Elda City Hall Citizen Participation Council.
- A social Worker from the “Sense Barreres” Association (“Without Barriers”).

La Eliana

A town with 16,000 inhabitants that triples its population in the summer as it is a summer vacationing area. It is an extensive area, with a gentle terrain and a predominance of single family homes, organized around an older rural nucleus. It lies 15 km. from Valencia and 8 km. from Bétera. It has a radial public transportation system that connects it with Valencia by bus and by subway. It also has taxi service.

Six experts participated in the interviews. The “focus group” was carried out on the 9th of July, 2003, and the individual interviews were completed from the 14th of July to the 17th of August. The areas of responsibility represented were:

- An architect, expert in public buildings.
- A municipal architect.
- A municipal representative of the handicapped.
- A manager from the local police force.
- A representative from the Department of Social Welfare.
- A municipal representative from the Department of the Environment.

Appendix 70
Palma de Mallorca

The city of Palma, capital of the Balearic Islands, is located on the island of Mallorca, the largest of the islands. The population in the census of January 2002 was 362,140 persons. The appearance of tourism, beginning the middle of the 20th century, has gradually changed the physiognomy of the city and the entire island. It is currently a centre of attraction for visitors and a centre for sociological cultural exchange. As far as the interurban public transport is concerned, it has a bus service, taxi and special vehicles. The connections among the different towns on the island, and with the city of Palma, are basically over highway, although there are some train lines.

Ten experts participated in the interviews. The “focus group” was carried out on the 5th of June, 2003, and the individual interviews were completed between the 20th of June and the 6th of August, 2003. The areas of responsibility represented were:

- A municipal representative of the Traffic Department.
- A superintendent from the local police- operative.
- A municipal representative of the Territorial Unit for Downtown Transportation.
- A municipal architect from Urban Planning.
- A municipal representative from the area of Mobility.
- A municipal representative from the area of Maintenance and Public Thoroughfare Administration.
- A representative of the Traffic Regulation Section.
- A person in charge of Customer Service at the Municipal Transport Company.
- A municipal person in charge of the Technical Signposting Unit.
- A municipal person in charge of the Technical Mobility Unit.

Seniors

Description of the data collection approach

People over 65 years old, both men and women from urban, suburban, and rural environments have participated in this study, regardless of their mobility conditions (drivers, pedestrians, public transport users and user of other means of transportation). All of them volunteered to participate. A random sampling technique was used to select available volunteers from associations and municipal organisations that had been previously contacted. Especial transportation arrangements were made for those who had been invited and had mobility problems. In other cases, individual interviews were conducted at their homes. The participants and the interviews were arranged as follows:

A total of 76 persons over 65 years old participated in both types of interviews; 35 males and 41 females.

The distribution according to age was: 45 were between 65 and 74 years old; 29 were between 75 and 84 years old and two were over 85 years old.

The distribution according to area of residence was: 26 residents in urban areas, 43 in suburban areas and seven in rural areas.
A total of 38 people participated in the six "focus group" that were conducted. The same amount of people participated in the individual interviews and nobody participated in both types of interviews.

**Focus group interviews carried out with seniors**

Description of the participants and of the places where the individual interviews took place:

**Bétera**

A town with 16,000 inhabitants located 15 km. north east of Valencia. Type of population: suburban and rural. It has a radial public transport system that connects it to Valencia by metro and bus. It also has taxi service.

Number of "focus groups" conducted: four "focus groups" that were held in Bétera between the 25th of May and the 2nd of June, 2003. 26 seniors participated, 16 women and 10 men. They were distributed as follows according to age: 19 were between 65 and 74 years old; six were between 75 and 84 years old; one of them was over 85 years old. The interviews lasted between one hour and 45 minutes and two hours. They were held at the "Tyrius" Consumer and Housewife Association facilities in Bétera.

**Elda**

This is an important industrial centre in the Community of Valencia. Its main industry is shoemaking. It is a small inland city bounded by mountain formations, located 37 km. from Alicante and 380 km. from Madrid. Currently the population forms a conurbation (urban unit) with the adjoining town of Petrer, together approaching 80,000 inhabitants. It is accessible by train and highway, as well as by public bus service and taxi.

The "focus group" was conducted on the 17th of June and seven seniors participated, five women and two men, distributed as follows according to age: five were between 65 and 74 years old and two were between 75 and 84 years old. The interview lasted one hour and 30 minutes and was held at a retirement home in Elda.

**La Eliana**

A town with 16,000 inhabitants that triples its population in the summer as it is a summer vacationing area. It is an extensive area, with a gentle terrain and a predominance of single family homes, organised around an older rural nucleus. It lies 15 km. from Valencia and 8 km. from Bétera. It has a radial public transportation system that connects it with Valencia by bus and by subway. It also has taxi service.

One "focus group" was conducted and five seniors participated in it, two women and two men, distributed as follows according to age: four were between 65 and 75 years old, and one was between 75 and 84 years old. The interview lasted two hours and was held at the Social Centre managed by the Eliana City Hall on the 17th of July, 2003. No individual interviews were conducted at this town.

**In-depth interviews carried out with seniors**

Description of the participants and the places were the individual interviews took place:
Barcelona

This is a large city with more than a million and a half inhabitants according to its census. However, the area of influence of the Metropolitan Transport Authority includes a population of four and a half million inhabitants. It is one of the main points of arrival into and departure from the country by all modes of transportation. The public transportation service includes subway, bus, taxi, special vehicles, and a tram line has now been put into service.

No "focus group" interviews were conducted in this city due to lack of logistical support, but individual interviews were conducted. The sample was obtained using the chain sampling technique, also known as the "snowball" technique, that is, a representative from one of the organisations that was contacted, the Consell General de la Gent Gran (Elderly Counselling Council), was asked to name a qualified informant and each of these informants was asked to name at least one more qualified informant in turn. Five interviews were conducted in this way. Three women and two men participated; one participant was between 65 and 74 years old and four were between 75 and 84 years old. The interviews lasted 45 minutes and were conducted between the 3rd of July and the 18th of August, 2003.

Bétera

A town with 16,000 inhabitants located 15 km. north-east from Valencia. Type of population: suburban and rural. It connects radially with Valencia by metro and bus. It also has taxi service.

Nineteen individual interviews with people over 65 years old, all of whom resided in Bétera or in the surrounding areas, were conducted. They lasted an average of 45 minutes and were conducted between the 16th of June and the 25th of July 2003. The participants lived predominantly in suburban areas, but several people (five in all) from rural areas around Bétera and from the small town of San Antonio de Benagéber participated. A total of 11 women and eight men participated. They were distributed as follows according to age: seven were between 65 and 74 years old; 11 were between 75 and 84 years old; one of them was over 85 years old. The interviews were conducted at the "Tyrius" association in Bétera and in private homes.

Elda

This is an important industrial centre in the Community of Valencia. Its main industry is shoemaking. It is a small inland city bounded by mountain formations, located 37 km. from Alicante and 380 km. from Madrid. Currently the population forms a conurbation (urban unit) with the adjoining town of Petrer, together approaching 80,000 inhabitants. It is accessible by train and highway, as well as by public bus service and taxi.

Nine individual interviews were conducted with people over 65 years old, all of whom resided in Elda. Each interview lasted approximately 30 minutes. All were conducted during the month of June. Participants came mainly from urban areas, but some came from suburban and rural areas also. A total of seven women and two men participated. The distribution according to age was as follows: six were between 65 and 74 years old and three were between 75 and 85 years old. The interviews were conducted at the Elda retirement home facilities and in private homes.

Palma de Mallorca

The city of Palma, capital of the Balearic Islands, is located on the island of Mallorca, the largest of the islands. The population in the census of January 2002 was 362,140 persons. The appearance of tourism, beginning the middle of the 20th century, has gradually changed.
the physignomy of the city and the entire island. It is currently a centre of attraction for visitors and a centre for sociological cultural exchange. As far as the interurban public transport is concerned, it has a bus service, taxi and special vehicles. The connections among the different towns on the island, and with the city of Palma, are basically over highway, although there are some train lines.

As was the case in Barcelona, no "focus group" interviews were conducted in this city due to lack of logistical support, but individual interviews were conducted. The sample was also obtained using a chain or snowball sampling technique. In this case, the collaboration of the Balearic Island Federation of Retired People and Pensioners Associations was requested and five individual interviews were carried out with their help. A total of two women and three men participated; three participants were between 65 and 74 years old and two were between 74 and 85 years old. The interviews, which lasted approximately 45 minutes, were conducted between the 25th of July and the 7th of August, 2003 at the Balearic Island Federation of Retired People and Pensioners Associations facilities and at individual homes.

References


Orden 397/2002, de 23 de abril, de la Consejería de Servicios Sociales, por la que se convocan ayudas individuales para transporte en taxi a personas con discapacidad gravemente afectadas en su movilidad, para el año 2002. BO. Comunidad de Madrid 26 abril 2002 , núm. 98, p. 51


**Moderator guide for seniors' FGI**

Previously: Check that you carry enough copies of the "PRF" and "FQQ" questionnaires that correspond to the sample type (seniors) before leaving for the interview site.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30h.</td>
<td>At the meeting place, check facilities, welcome participants. Distribute seats.</td>
</tr>
</tbody>
</table>
| 11:00h. | Greetings, introduce the moderator and the team.  
I am pleased to briefly explain this project to you. Before we begin, I would like you to fill out this questionnaire, in case we need to contact you for another interview. Everything you say will be treated confidentially and your names will be only for the interviewers internal use. (Distribute PRF and help people fill it out).  
(Help complete the PRF)  
Would you mind introducing yourselves so the observers can take their notes? (Note down seating arrangement and surnames).  
Introduction:  
Now that we have introduced ourselves, I suppose you are interested in knowing what the SIZE project is about, why are we here and what are we going to do.  
As you already know, life expectancy has increased in Spain and in Europe. How fortunate! We can easily imagine that the aging of the population raises many questions. However, the SIZE project only deals with one of them: establishing a connection between the senior’s quality of life and mobility. This is so because the aging of the population represents (or will represent) an increase in the number of seniors using public thoroughfares, public and...
private transportation, becoming pedestrians, etc. An increase both in absolute and relative terms. We are probably going to witness a change in the demand for public services from a sector of users that will be increasingly larger. We are going to deal with this topic: elderly satisfaction and mobility needs, regardless of their condition (drivers, non drivers, women, the handicapped, etc.)

For this project a number of interviews have been designed to be conducted with two interest groups: the elderly themselves and the so-called experts. This project is transnational and interdisciplinary; engineers, architects, sociologists, and psychologists from eight countries participate in it. It is also of social interest as five citizens' organization collaborate and they are, in some respects, the ones who control the quality of the research process.

As far as the interview procedure is concerned, we think it will be quite easy for you:

I am going to suggest some topics and you will be able to participate in the discussion by following a few simple rules:
- speak slowly and do not interrupt, speaking one at a time.
- be brief so everybody has a chance to speak.
- the observers will be taking notes but they will not participate in any of the discussions.
- if you do not mind, I would like to record the session. Does anybody object?

The session will last approximately less than two hours. We can take a break about halfway through.

Before we start, do you have any doubts about the procedure we are going to follow? Can we begin?

<table>
<thead>
<tr>
<th>Time</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:15h</td>
<td><strong>INITIAL QUESTION:</strong></td>
</tr>
<tr>
<td></td>
<td>What do you think of the current mobility conditions of the elderly?</td>
</tr>
<tr>
<td></td>
<td>(What does the word 'transportation' mean for you? What do you understand by 'mobility'? What are we referring to when we talk about travel? How can we interpret the word 'accessibility'? To what extent do any of these words represent a problem for you?)</td>
</tr>
<tr>
<td></td>
<td>(In your opinion, what is the relationship between the words 'transportation' and 'independence'? What role does the car, public transportation or any other means of travel play in your independence? Has the way you travel changed since retirement? Have you made any plans for the time when you stop driving?)</td>
</tr>
<tr>
<td>11:40h</td>
<td>1.- How do you face current mobility conditions?</td>
</tr>
<tr>
<td></td>
<td>(How do you decide which trips you are going to take and which you are not? Where do you travel most frequently? Which trips are more important for you? Which ones do you enjoy the most (excluding recreational trips)? If you had health, money and you had all transportation options at your disposal, what trips would you like to take?)</td>
</tr>
<tr>
<td></td>
<td>(Do you depend on other people for travelling? In what cases? What problems does this dependency generate?)</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
</tr>
<tr>
<td>11:55h</td>
<td>Break: 5 minutes</td>
</tr>
<tr>
<td>12:00h</td>
<td>2.- What enhances your mobility?</td>
</tr>
<tr>
<td></td>
<td>(What makes one mode of transportation more pleasant, comfortable, or efficient for you?)</td>
</tr>
<tr>
<td></td>
<td>(In which cases do you prefer to use that particular mode of transportation?)</td>
</tr>
<tr>
<td></td>
<td>(What aspects do you value the most: fares, quality of service, schedules, personal attention, being with people you know...)</td>
</tr>
<tr>
<td>12:15h</td>
<td>3.- What limits your mobility?</td>
</tr>
<tr>
<td></td>
<td>(What makes one mode of transportation more unpleasant, uncomfortable, or inefficient for you? In which cases do you reject that particular mode of transportation?)</td>
</tr>
<tr>
<td></td>
<td>(What things bother you or hurt you the most: fares, service, poor schedules, lack of personal attention, being with people you don't know...)</td>
</tr>
<tr>
<td>12:25h</td>
<td>4.- What measures do you think should be taken to improve the current situation?</td>
</tr>
<tr>
<td></td>
<td>(As a pedestrian: length of journey, pedestrian crossings, lighting, signs, street furniture, WC,...)</td>
</tr>
<tr>
<td></td>
<td>(As public transportation users: entry points, personal attention, fares, schedules, new routes (hospitals or other destinations...)</td>
</tr>
<tr>
<td></td>
<td>(Transportation for small numbers of people, special transportation, as drivers, as users of other means of transport)</td>
</tr>
<tr>
<td>12:40h</td>
<td>5.- What prevents measures that are considered useful from functioning or from being implemented (being carried out)?</td>
</tr>
<tr>
<td></td>
<td>To finish, I am going to ask you to fill out a very brief questionnaire that we are going to hand out now. As you will see, it is very simple. (FQQ)</td>
</tr>
<tr>
<td>12:55h</td>
<td>Summary, thanks and end.</td>
</tr>
</tbody>
</table>

**Moderator guide for experts interviews**

Previously: Check that you carry enough copies of the "PRF" and "FQQ" questionnaires that correspond to the sample type (seniors) before leaving for the interview site.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:45h</td>
<td>At the meeting place, check facilities, welcome participants. Distribute seats.</td>
</tr>
<tr>
<td>10:30h</td>
<td>Good morning. My name is XXX. Today I am accompanied by YYY and by ZZZ who will be the observers. I am pleased to briefly introduce the project. Before we begin, I would like you to fill out this questionnaire, in case we need to contact you for another interview. Everything you say will be treated confidentially and your names will be only for the interviewers internal use. (Distribute PRF and help people fill it out). Would you mind introducing yourselves so the observers can take their notes?</td>
</tr>
</tbody>
</table>
(Note down seating arrangement and surnames).

**Introduction:**

Now that we have introduced ourselves, I suppose you are interested in knowing what the SIZE project is about, why are we here and what are we going to do.

As you already know, life expectancy has increased in Spain and in Europe. How fortunate! We can easily imagine that the ageing of the population raises many questions. However, the SIZE project only deals with one of them: establishing a connection between the senior's quality of life and mobility. This is so because the ageing of the population represents (or will represent) an increase in the number of seniors using public thoroughfares, public and private transportation, becoming pedestrians, etc. An increase both in absolute and relative terms. We are probably going to witness a change in the demand for public services from a sector of users that will be increasingly larger.

We are going to deal with this topic: elderly satisfaction and mobility needs, regardless of their condition (drivers, non drivers, women, the handicapped, etc.)

A number of interviews for this project have been designed to be conducted with two interest groups: the elderly themselves and the so-called experts.

This project is transnational and interdisciplinary; engineers, architects, sociologists, and psychologists from eight countries participate in it. It is also of social interest as five citizens' organisation collaborate and they are, in some respects, the ones who control the quality of the research process.

As far as the interview procedure is concerned, we think it will be quite easy for you:

This is not so much a group meeting as a group interview. I am going to suggest some topics and you will be able to participate in the discussion by following a few simple rules:

- speak slowly and do not interrupt, speaking one at a time.
- be brief so everybody has a chance to speak.
- the observers will be taking notes but they will not participate in any of the discussions.
- if you do not mind, I would like to record the session. Does anybody object?

The session will last approximately less than two hours. We can take a break about halfway through.

Before we start, do you have any doubts about the procedure we are going to follow? Can we begin?

10:45h. **INITIAL QUESTION:**

What do you think of the current mobility conditions for the elderly?

(What does the word 'transportation' mean for you? What do you understand by mobility?)

(What are we referring to when we talk about travel?)

(How can we interpret the word 'accessibility?')
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:05h</td>
<td>1.- ¿How do you think elderly people face current mobility conditions?</td>
</tr>
<tr>
<td></td>
<td>(How do you think they decide on which trips to take?)</td>
</tr>
<tr>
<td></td>
<td>(Where do they travel most frequently? Which trips are more important for</td>
</tr>
<tr>
<td></td>
<td>them? Which ones do they enjoy the most? (excluding recreational trips).</td>
</tr>
<tr>
<td></td>
<td>In your opinion, what are the main dependency problems in relation to</td>
</tr>
<tr>
<td></td>
<td>seniors' mobility needs?</td>
</tr>
<tr>
<td></td>
<td>(How do you think health problems influence their choice of transportation?)</td>
</tr>
<tr>
<td></td>
<td>(How do senior drivers respond to the different situations that limit</td>
</tr>
<tr>
<td></td>
<td>them (in relation to age?)</td>
</tr>
<tr>
<td></td>
<td>(How do they respond to other kinds of situations: walking, using public</td>
</tr>
<tr>
<td></td>
<td>transportation?)</td>
</tr>
<tr>
<td>11:15h</td>
<td>Break: 10 minutes</td>
</tr>
<tr>
<td>11:25h</td>
<td>2.- What enhances senior mobility?</td>
</tr>
<tr>
<td></td>
<td>(What makes one mode of transportation more pleasant, comfortable or</td>
</tr>
<tr>
<td></td>
<td>efficient for them?)</td>
</tr>
<tr>
<td></td>
<td>(In which cases do they prefer to use that particular mode of</td>
</tr>
<tr>
<td></td>
<td>transportation?)</td>
</tr>
<tr>
<td></td>
<td>(What aspects do they value the most: fares, quality of service,</td>
</tr>
<tr>
<td></td>
<td>schedules, personal attention, being with people they know,...?)</td>
</tr>
<tr>
<td></td>
<td>(How worried are they about security (on public transportation, in the</td>
</tr>
<tr>
<td></td>
<td>street,...)?</td>
</tr>
<tr>
<td>11:40h</td>
<td>3.- What limits seniors' mobility?</td>
</tr>
<tr>
<td></td>
<td>(What makes one mode of transportation more unpleasant, uncomfortable, or</td>
</tr>
<tr>
<td></td>
<td>inefficient for them?)</td>
</tr>
<tr>
<td></td>
<td>(In which cases do they reject that particular mode of transportation?)</td>
</tr>
<tr>
<td></td>
<td>(What things bother them or hurt them the most: fares, service, poor</td>
</tr>
<tr>
<td></td>
<td>schedules, lack of personal attention, being with people they do not</td>
</tr>
<tr>
<td></td>
<td>know,...?)</td>
</tr>
<tr>
<td></td>
<td>(How worried are they about security (on public transportation, in the</td>
</tr>
<tr>
<td></td>
<td>street?)</td>
</tr>
<tr>
<td>11:55h</td>
<td>4.- What measures do you think should be taken to improve the current</td>
</tr>
<tr>
<td></td>
<td>situation?</td>
</tr>
<tr>
<td></td>
<td>(As pedestrians)</td>
</tr>
<tr>
<td></td>
<td>(As public transportation users, as drivers, as users of other means of</td>
</tr>
<tr>
<td></td>
<td>transport)</td>
</tr>
<tr>
<td>12:10h</td>
<td>5.- What prevents measures believed to be useful from functioning or being</td>
</tr>
</tbody>
</table>
implemented (being carried out)?
(What measures are not working as expected?
What could be the causes of the problems encountered?
To finish, I am going to ask you to fill out a very brief questionnaire that we are going to hand out now. As you will see, it is very simple. (FQQ)

12:25h. Summary, thanks and end.

Interviewer guide and sub-questions for seniors' IDI

Initial question: What do you think about current senior mobility conditions?.

What does the word 'transportation' mean for you?
What do you understand by mobility?
What are we referring to when we talk about travel?
How can we interpret the word 'accessibility'?
To what extent are you concerned with such issues?
In your opinion, what is the relationship between the words 'transportation' and 'independence'?
What role does the car, public transport or other means of travel play in your life?
Regarding mobility, has the way you travel changed since retirement?
1.- How do you cope with your current mobility situation?
If you are now fully mobile, have you made any plans for the time when you are more limited?
How do you decide which trips you are going to take and which you are not?
Where do you travel most frequently?
Which trips are more important for you?
Which ones do you enjoy the most?
2.- What enhances senior mobility?
What factors make you favour one mode of transportation?
What factors make you decide to take a trip?
3.- What limits senior mobility?
What makes you decide not to use a particular mode of transportation?
What makes you decide not to take a trip?
4.- What measures are necessary to improve the situation?
Give an example.
5.- What prevents measures believed to be useful from being implemented?
Give an example.
In order to give an impression of the variety of senior participants responses, the following chapter displays a sample of translated answers from seniors-interviews by the Spanish partner.

**What senior citizens say about their needs, fears and routines in relation to their mobility**

**Needs:**

Among the seniors' most common needs we find the need for transportation for medical and health reasons.

"I depend a lot on medication and the duty chemist is often in a different town."

Another need they frequently mention is the need for transportation to go shopping, to go to work and, for those who live in rural areas, to go to their fields. They also mention the need to take to or pick up their grandchildren from school (either by car or on foot), the need to run errands, to go for walks, etc.

"I have to call a taxi to pick me up and go to the station because I can't take a bus when my luggage is too heavy."

"I always take the car to go to the field, which is four or five km. away, in Gátova."

"I had to quit studying for my driving license when I was half way through because I had family problems... Now I regret it a lot because having a car would liven up our days" (woman, rural area).

"My husband has a heart condition and he has to go for a check up every month. He goes to a nearby village (La Eliana). My son drives him and we return by bus so as not to make him waste so much time. The bus is all right but it takes a long time" (rural area).

"Mobility is a necessity. I travel a lot now, and me at 80 years now!"

"I got my driving licence when I was thirty years old. I have five children and I needed it to take them to the doctor while my husband was working. The car is a necessity" (woman, hip problems).

"They only go shopping for the absolute necessities because, when they need to buy a lot of groceries, they need help as they encounter so many obstacles on their way, such as cars that are very closely parked together."

"Pensions are very small and sometimes they do not cover his basic needs, let alone his transportation needs. He gets hooked on TV because he can't go anywhere, unless someone in the family helps him."

"I need to walk, to exercise a little bit everyday. I have osteoarthritis, I can't do it, but I force myself."

Leisure and therapeutical leisure needs are also frequently mentioned, such as joining in group activities for retired people, rehabilitation exercises, etc. Packaged tours and the need to simply keep moving are also mentioned:

"Attending all types of events helps: theatre, dancing, meetings, award ceremonies, etc. If you feel you have an active role, you get more involved."
"I was very depressed for a while and going to the swimming pool in Bétera helped a lot. A girl used to drive me there because there is no bus to Bétera."

The need for a companion in their daily trips, especially those who are over 70 years old:
"I usually try to find someone to go with me; a neighbour or a friend from the Casal (senior social centre)."

"Social assistance services are also needed to go shopping, to do housework, or to transport those with mobility problems."

**Habits:**

They have well-established habits as far as their itineraries and most of the leisure, social, and occasionally work-related activities that tend to occupy their time are concerned. They usually go out somewhat later than the people who work, and they decide to travel on foot, by bus or by metro depending on where they are going that day (to the doctor, shopping, visits, etc.). They go out almost everyday.

Public transport habits:
"I walk a lot everyday and I always take bus nº 9 to the Plaza de Cataluña."

Pedestrian habits; they follow fixed mobility patterns:
"I like walking, everyday, I walk for an hour." "I go to the doctor every two months." "I meet with some friends from the senior centre to play cards, go for a stroll in the park, etc. Sometimes we take one of those packaged trips."

It is interesting to notice that pets are one of the reasons why they keep healthy mobility habits:
"I used to have a little dog who kept me company but he died. In any case, it would be too much work to take care of him now."

Driving habits:
"I have relatives in other towns, in Llíria, Puzol,... And I go to see them by car. My son lives in a nearby town and I take him bread everyday" (male, between 75 and 84 years old).

"My wife and I go everywhere together, we are very close. The important thing is to go out, to walk. For us, going out everyday is like an obligation. We may go shopping to Campanar (a nearby village) or go out for a coffee."

**Other habits:**

"I spend my free time here, in the Senior Centre. I am a member of the Retired Persons Federation and also a member of the European Elderly Council, so I keep busy. Since I have to go to meetings and I can't walk a lot, somebody picks me up or I go by car." .

"I like to ride my bike with my friends."

**Fears:**

The seniors interviewed admitted that there were a number of situations that they potentially feared, among which we find: feeling scared or vulnerable when they find themselves alone in public transportation stations and stops, or when they are in streets and squares with few passers-by or where there are no security guards nearby.
They fear finding themselves defenceless and none of the people around them coming to their assistance.

"I am afraid that nobody will help me, either on the subway, or on the bus, in a taxi, on foot, etc. I don't feel very strong or resourceful."

They expect society to help them, not their families:

"In the past, people were taught how to be civic-minded, how to behave. But I would not like to bother my children or my neighbours."

They fear crime, they are afraid of poorly illuminated streets:

"I don't go out at night, I'm scared," and their fears are not free of prejudices: "I only go out in the morning because in the "cheap houses" (a poor neighbourhood) there are drugs and criminals."

"One day, when I was waiting for the train at the Manises (town) subway station in the late evening, I was very scared. I was the only person there."

"People are scared of being mugged. You are walking around peacefully and they mug you because they see you are old. You cannot be alone in the street. I always go out with my wife, it is safer."

Others, especially women, frequently mention being afraid of getting dizzy, or getting confused or lost when travelling alone:

"Some of my friends get lost and can't go to the city because they don't know how to get anywhere on their own. They step off the subway and they are already lost."

An especially widespread fear is the fear of falling, falling when going up or down the stairs, falling because of curbs or because there are misplaced objects in their way; falling also as the result of being hit by a car or even as the result of having an accident when driving:

"The bus steps are dangerous when you go down, they can fall."

"For me it is a problem to leave the house... you aren't safe even when walking. If you aren't careful, you can fall off the curb or be run over by a car."

"I go to the same places now that I've always gone to. The difference is that now I'm scared of going alone because I have osteoporosis and I'm scared of falling. Now I use a cane. And, whenever I want, I shop around town on my own with a shopping trolley that has several wheels and that keeps me from falling."

In general, the elderly think that being with people they know helps them overcome their fears.

"If the trip is organised by the IMSERSO (Immigration and Social Services Institute), I don't go because I have gone before and there are many strangers. I prefer to go with people I know, otherwise I feel lonely. On the other hand, the trips that the Association organises are nicer, I feel at home. Besides, you feel safer."

"Older people are constantly worried because they depend a lot on other people to do things. They worry because they don't know if someone will come to pick them up, or if they'll be able to go where they want to."

"They feel lonely. Somebody has to take care of them. There aren't many retirement homes and they need assistance services 24 hours a day."

Traffic scares them, the fact that something may happen to them or to their spouses:

"It scares me that my husband can have an accident when driving. He has had heart and eye surgery and, besides, he used to speed."
"I'm very scared of traffic lights and I try to avoid them as much as I can. It's worse in pedestrian crossings because you never know when to cross; cars go very fast and they do not stop to let you cross."

"They worry a lot because their bodies cannot respond as they used to if they have an accident and, if they get injured, it takes them longer to heal."

They are afraid of driving and, above all, they are scared of being the victims of drivers they consider negligent and disrespectful while they are on urban thoroughfares. However, highways do not inspire so much fear.

"I don't drive any more because I started to be afraid of motorbikes and of the way they overtake cars."

"I stopped driving because I didn't want to have an accident since people do not respect traffic signs. I don't drive around town but I drive on the highway."

**What senior citizens say about the general limitations that affect them in relation to their mobility conditions**

The answers of the seniors interviewed widely vary. Obviously, the people who were unable to attend the interviews because of their limitations are not represented here. Answers tend to vary among seniors who are 75 years old or a little over. Once they are over 80 years old, it is difficult to find people who are in good physical condition and in good psychological condition at the same time.

"I don't have any problems moving, I can go anywhere. But age has affected many people. This gentleman here doesn't know how to buy or cancel his subway ticket so he needs somebody to help him."

"I went to renew my driving licence not long ago and I didn't have any problems. My eyesight is perfect."

"My wife does have problems because she has memory lapses and she can't go anywhere on her own. She gets lost."

"I don't consider myself an old person but I suppose that I'll see my sensory abilities decrease around 20%. I don't see very well when I drive at night" (man, 67 years old).

The seniors who were interviewed, and especially the men, do not see much difference between the way they feel physically and mentally once they retire and the way they used to feel in the years before retiring:

"I was a professional driver, I used to drive trucks till I turned 64 years old. Today I am still a driver; for the time being I feel very well."

Sometimes it is difficult even for them to describe their limitations:

"...your eyesight, your hearing, your circulation, your bones, your heart, everything begins to fail, everything is as it should be but nothing works well." "You realise you cannot see or hear well and, even when you hear, you can't understand. Your head doesn't function as it used to when you were young. Your body shrinks and you have to move slowly."

Leg problems are a common complaint:

"On some buses it is all right but on others it is difficult to get off the vehicle. We are old and our legs are not the same. I have to limit the amount of socialising and walking I do. The cane helps me some."

Their limitations can take many forms:
"Most women suffer from osteoarthritis and calcium deficiency and their ability to go on foot is very limited. Others need some form of help, they need to use a cane for support because of their loss of mobility."

"...generally speaking, they don't walk much because some of them have conditions, (lung, heart, diabetes, etc....) that keep them from travelling too far."

These physical limitations do not appear suddenly. One day they realise that they have become more dependent:

"Your body breaks a little bit more everyday; the changes are very slow but you realise you need people's help more and more in order to run your errands, in order to go out, in case something happens to you."

Attitudes range from denial to reluctant acceptance:

"It has nothing to do with it because changes are so slow that you don't even realise what's happening."

"I am in good condition now. I reach 140 km. an hour when I drive on the highway."

"The moment will come when they won't renew my driving licence and I'll walk. Time goes by."

"The car is the one who gradually abandons you. You drive to places that gradually are closer and closer. Age makes you progressively give up driving."

"We'll end up having to use public transportation. It'll be quite a blow after what it took me to get my driving licence."

"I drove for over a year without a driving licence. Then it took me a while to get it. If they take it away, I'll be really upset.

**What senior citizens say about attitudes, conflicts and prejudices affecting them in relation to their mobility conditions**

The elderly can often be prejudiced against other groups of people:

"I don't go to any of the senior centres in my neighbourhood since most of the people who go there are trouble, they are gypsy-like people who insult each other and have no manners."

It is relatively common to complain about the trips organised by the IMSERSO, probably because there is a parallel market:

"The IMSERSO organises many trips. They are a good price. But the trips they organise "in-situ" are very expensive." "There are always people who take advantage of things."

There are also complaints regarding the way the tour bus drivers drive:

"...many older people get carsick on the bus"; "bus drivers don't drive well."

One of the main complaints elderly drivers have is that drivers who are in a hurry behave disrespectfully towards them. But conflicts with drivers are not limited to the road. Frequently, elderly pedestrians are abused and insulted by drivers or car owners even in nearby urban spaces.

"When you drive, you have to speed because everybody drives very fast and, if you don't, you are in their way, they honk and complain and tell you 'stay home, old man'. They drive too fast. They make fun of you."
"At night, we like to sit outside and enjoy the fresh air. The sidewalk is narrow and we have to put our chairs on the road. Car owners get angry and we have to move because they say that they pay their taxes and that they have the right to park."

"The sidewalks are narrow; a car was parked and the driver was inside. When I went by, I accidentally hit the rear-view mirror with my arm. The driver asked me if I hadn't seen the car, and he got angry."

"If you are at a zebra crossing and you see a motorbike approaching, even if it is still far, you know they are not going to yield the right-of-way. So, whenever you see a motorbike approaching, don't cross!"

"Old people are even mistreated. They are not treated respectfully in government offices, in clinics, when they get on and off the bus, or when they are at a zebra crossing. Their hearing has decreased; it takes them a while to understand; they need to be treated with patience but the service they receive is bad even to the point of being harassed."

What senior citizens say about their specific mobility problems

Some of the specific problems we found are:

The problem of some individual cases where, due to their physical limitations or due to the characteristics of the area where they live in, they need individualised transportation such as taxis or special vehicles:

"Due to my hernia, sometimes I have to take a taxi to be able to travel, especially because I live in a remote area."

"Some people have to go through rehabilitation and they count on using the ambulance service. Otherwise, they don't go. They are in no condition to take a bus and they don't have enough money to take a taxi everyday. That's why they expect the ambulance to take them."

Some people have problems because they stop moving and because they isolate themselves at home. The following story, told by a 80-years-old retired person who helps organise activities in his neighbourhood, speaks for itself:

"I call it the 'poor shy person' paradigm; it has to do with those older men or women who little by little have lost their spouses, their children, who have new neighbours whom they don't know and who don't know them either. They gradually stop socialising and nobody wonders "why didn't Mr. Ramón or Miss Maria go out today?" Until one day the smell of death knocks on the neighbours doors. This is a very serious problem, but more and more common everyday. And it is necessary to mention that the buildings where most of the elderly live in Barcelona do not make it easy to go out; narrow and steep staircases, no elevators, etc."

Seniors in one of the groups brought up the problem of availability of medicines. It is well known that the elderly depend on medicines. In some rural and suburban areas, the duty chemist is sometimes located in a town which cannot be reached by public transportation (especially during the hours the chemist is on duty). The local police have created an auxiliary transportation service that is used in some cases but it is considered clearly insufficient.

"The police can take you in case of emergency but we elderly have many emergencies."

"Another problem is that sometimes you have to take your prescription the next day or another day, since we take so many medicines."
Another specific problem that the elderly discussed in this group is solitude, isolation, and the need for some form of permanent assistance or companionship.

"They must be in pain. There are also some people who do not like going out."

"They are probably depressed; they lose their relatives, their friends..."

"In this city many buildings do not have an elevator and this forces them to stay locked up at home. They haven't gone down to the street for a long time. They can't leave the house because then they will have a problem going up again. Their children or grandchildren take them their groceries but it can be years before they go out because they have no way of going up again."

"Some seniors stop going out and moving because they need someone to accompany them on their walks, or they may not see very well and they are afraid of tripping or falling into a ditch or a hole, or they have hearing problems."

"Then, there are the 'censors' who reproach them: 'Don't go out alone, something may happen to you!' and then they become even more afraid of leaving the house. If they have any limitations, they don't dare go out alone. If they live in a building that has no elevator and where they have to go up many steps, it is difficult for them to go out. With every passing day they lose visual, hearing and motor ability (their legs do not let them move as fast as they would like to) so they begin to hold back and they don't leave the house anymore."

"If they have incontinence and they have to use pads, they have to change often and this becomes a big problem when they go out. People who have this problem suffer a lot and if they notice that they smell, they refrain from going out. Some people get wet and their pants get wet too. People who find themselves in this situation cannot go out unless someone takes care of them."

**What senior citizens say about the measures that have already been taken to improve their mobility**

Generally speaking, the elderly are satisfied with the measures that have been taken regarding public transportation, and with those measures that make public transportation easy to use:

"Public transportation is quite good. The pink-pass for the bus is very convenient."

Most of the seniors interviewed appreciate the measures taken to improve mobility conditions in the areas where they live.

"In general, the whole town is getting much better, they're redoing all the sidewalks, public buildings are being renovated..."

"There is a bus that travels a circular route and which stops at some key places in town: the Health Care Centre, several chemists, residential areas, etc."

"Since the boulevard was built, we have wider sidewalks, that invite you to walk."

"These sidewalks are inviting, even if you have 300 TV channels at home. At mid afternoon I always go for a walk and I walk for about two hours. La Eliana is a quiet place for walking. But you have to be careful with traffic. There is not much courtesy on the roads."

"It is nice here because the terrain is level, there are no ramps, we are not in the mountains" (La Eliana).

"Public transportation is quite good; all the buses have low floors" (In Palma de Mallorca).
How senior citizens cope with their current mobility conditions

**Adapting to retirement conditions and to their age:**

Some seniors organise their life around new obligations, such as taking care of their grandchildren or of older parents.

"My husband and I only go on day trips; we don't go on longer trips because I don't want to leave behind my 93-year-old father, as he lives alone."

"Going out depends a lot on the family's health and lifestyle. You sometimes make plans to go out and visit some place and you end up not going because your children ask you to take care of the grandchildren."

Most of them realise they are losing faculties when they start getting tired.

"When I retired, I got very depressed and I am still taking drugs. But, ever since I joined the housewives association, I feel much better. They do lots of activities."

"I don't go out as often because I get tired and I don't feel like it. I only go out if I have to do something important. Like next Saturday, when I have to go to a wedding, and I am already nervous because it has been more than three months since I took the subway and I may miss my stop."

They know they are more vulnerable and taking care of their health takes a central role in their lives. They anticipate their future loss of autonomy and their increasing dependency.

"You become more dependent, you are not as autonomous as you were before."

**Mobility patterns:**

**Regarding driving:**

Most drivers are men, even though there are more women among the seniors who were interviewed. Some still consider themselves to be good drivers. For them, nothing has changed.

"I drive quite fast, I am quite alert. I prefer to go fast, smartly. Many seniors are slow and they go around delaying traffic and that is more dangerous than going fast."

Others admit to having lost some faculties but they have developed other strategies to compensate for this loss.

"For a while, I didn't drive at night because of my cataracts but now I have started driving again because I had an operation. I am in good condition for driving. I drive as I used to when I was 30 years younger, as I have a lot of experience. I drive around 100,000 Km. a year."

"The secret is to remain calm. I am in good condition for driving but sometimes I feel I need a new pair of eyes. You can only solve this problem by paying more attention to the road."

"I go everywhere during the day, but I don't drive at night because you don't have the same reflexes you used to when you were younger. Besides, they have changed the roads, the roundabouts, the signs."

For most drivers, giving up the car would represent a very important change in their perceived quality of life.
"When they revoke my driving licence, I'll go out much less; they'll take half my life away" (man, rural area).

Among the seniors who have stopped driving you find those who still consider themselves capable of it but who have stopped because their immediate family has pressed them to do so.

"After driving for 40 years, they have taken my driving licence away; my wife doesn't let me drive."

"I've had eye surgery four times. I would continue to drive but my wife is scared; she says that I drive too fast."

Among the elderly living in rural or suburban areas it is rather common to take the car to go to work in the fields or to travel to the neighbouring villages. They do not tend to drive more than 10 km. a day and they only travel on local roads.

"I only drive within this local area, I go to work in the fields" (man, rural area).

"I drive around 10 km. everyday."

On the other hand, for other seniors, the car is the preferred means of transportation, as the city's radial public transportation system connects their towns with the capital but does not connect them with outlying suburbs. The private vehicle offers them the necessary flexibility and versatility to cover their eventual health-related, social and leisure needs. Most of them agree that it is better to try to avoid driving in cities with dense traffic such as Valencia by using public transportation.

"The car is very important for me. I am the president of the retired people association and, if I didn't have a car, I would not be able to go to most of the places and events I am invited to."

"Both my husband and I have driving licences. He is the one who usually drives but, when he is no longer in any condition to do it, I hope I'll be able to drive the car myself. We never use public transportation, we go everywhere by car" (rural area).

In some residential areas, the population centre is small in comparison with the total urbanised area. It is common to find seniors who habitually drive their vehicles in these areas.

"The urban centre in this town is very small but there are many 'chalets'. I have to come by car because I live in a chalet. People drive instead of walking."

"I usually travel by car; it is more comfortable. In any case, I have to go by car to the subway station. And that's why I prefer to continue my trip by car. I have grown lazy."

"I have knee problems and I can no longer walk, even though I would like to. The car helps me but it also makes me lazy."

"If I go grocery shopping, I take the car because I can't carry too much weight" (woman, hip problems). "Besides, I go and come back faster by car."

"My wife takes my grandkids to school, even though they are already old enough to go alone and the school is only 150 metres from the bus stop. The car is like being at home, you don't have to make an effort. It's like having a coffee."

"My sister's husband died and, since she doesn't have a driving licence, she is locked up at home, with the car parked right in front of the house."

Cars can be very helpful when the seniors' physical limitations prevent them from travelling by other means of transportation:
"I have my own car. I am ill but I can drive. I don't have any eyesight problems. I don't drive to go to Palma because it is impossible to park and I cannot walk more than 100 ms. I have heart and kidney problems."

"The problem is not that I can't drive but, going alone... something could happen to me. I want to be on the safe side since my health is not good and something could happen to me and also to the people I might take with me in the car. This makes me use it less."

"When I am older, I'll have to do without driving like everybody else. We'll have to find other means of transportation. But it is unlikely that we'll take taxis because our pensions are so small."

"I like to drive when I leave Palma. When I am in the city, I only drive to go to shopping malls or to go someplace where there is a parking lot. If the weather is good, I like to ride my bicycle."

"I use the car to go shopping to the neighbouring towns or to go to the doctor. I don't choose a particular time of the day to drive, rather I choose days when there is no market so I can avoid crowds. When I am in town, I take advantage of these outings to go for a coffee and talk to my friends."

**Regarding conditions for walking:**

Most people in this group travel on foot. Sometimes they use canes or other aids and they generally develop strategies to avert dangerous situations, situations that, most of the time, are created by a combination of environmental factors interacting with their own limitations.

"I have osteoporosis and I can't even move most of the time. That's why I don't go anywhere. But it depends on the day. If I am not in pain, I go shopping into town with a normal shopping trolley that has four wheels; that way I don't fall because I use it for support" (80 years old woman).

"I usually look for quiet streets with low traffic even if I have to take a detour to get some place. I always look for alternative routes to avoid having an accident."

"Whenever I can, I try to find somebody to come with me. It is better to go with somebody because you feel more confident. Besides, we can all keep an eye on the traffic."

"People don't move enough. When they are in pain, they stay put, but that is not the solution. You have to move to feel good because, if something hurts and you don't move, it gets worse and eventually you can't recover. You have to move for the pain to go away."

"Some streets are very narrow and there is hardly any sidewalk space. Cars pass by very close to you I grab the window grills when I see a car approaching, in case I get dizzy and fall."

"I don't walk much and I don't go out much because I don't want to have any problems" (person who uses a cane).

"I look for places where I can take a break. I plan my itinerary before going someplace" (person who has had a heart attack).

"When I can't use the sidewalk, I have to get off and walk on the road."

"I don't travel long distances."
Regarding public transportation use:

Most of the seniors interviewed in this group make use of public transportation, either subway or bus. However, trains and subways are preferred if they feel more comfortable or more autonomous by using them.

"You can be more independent if you use the train. If there were more trains, we would have more freedom of movement. But you have to adapt to the circumstances."

"I go by subway to the hospital with my wife because it is cheaper and more comfortable and we get off very near the hospital. Moreover, you can relax and let yourself be driven. My wife always finds someone to talk to."

"I take the bus to go to Valencia; I don't use the subway very often. I prefer to take the bus in Valencia also."

"In my opinion, public transportation doesn't let you be independent, you have to depend on a fixed schedule."

"If they have to travel far (health care centres, hospitals,...) they use the bus or they go with a relative. Very few people take taxis. This is a luxury given the amount that their pensions pay."

"Since I am 82 years old, I only take the bus, but only if I know that other passengers will be getting off at the same stop. Then I can be sure that I'll have enough time to get off too. If it is a bus stop that not many people use, I won't take the bus because they close the doors too fast."

Maintaining mobility requires an effort on the seniors' part. They face this challenge in different ways:

"They try to overcome or delay their limitations by walking as much as they can;" "You can maintain a positive attitude if you talk, if you communicate with others;" "...walking, listening to the radio or watching TV."

They do not associate the loss of their driving licences with a less mobile future:

"When I stop driving? I won't stay home; bus, subway... some people don't have a car and they go everywhere."

"Sometimes you talk to people that feel older than they really are. They worry constantly about what they'll be able to do in the future; others say "no, if I can walk all the way, I'll walk all the way and if I can walk half the way, then I'll walk half the way." Some people think that they will not be able to do anything once they retire."

"I have a Red Cross tag that emits a signal in case I fall. They call me every fifteen days to see how I am doing and also on my birthday and on my saint's name day; they are really on top of it. I have to say that I live alone and this is a good measure."

What enhances senior mobility

As drivers:

The elderly who can drive and own a car appreciate the roundabout system, even if it causes them some problems at the beginning.

"At first roundabouts were a nuisance but then you realise they are better because they help you drive; there are fewer crashes."
"Roundabouts are a good thing; they prevent traffic accidents."
In general, they appreciate the modern design of both cars and streets. The people who live in the towns feel quite comfortable driving.

"Nowadays cars are very safe, roads are well designed, signposting is good and, if you don't have time to read the signs, it is because your are driving too fast. Once you realise that, all you have to do is control your speed."

"Nowadays cars have better suspension, power steering, they are safer."

"Driving around town is peaceful and there aren't many traffic lights...we try to avoid crowded places, such as the downtown area in Valencia."

When seniors have the means, travelling in Valencia is easier for them when they routinely park in pay car parks.

"I always leave my car in a car park, because I can afford it. Both my wife and I used to work and now we have good pensions."

For other seniors, not having the means can limit their chances of having access to safe and convenient services.

"It is very nice to travel by car on toll motorways, but it is even better to use the freeway because there you don't pay."

"More parking lots are needed for people like me with mobility problems."

**As pedestrians:**

Level sidewalks, pedestrian crossings at curb level. Sidewalks with curb corners that allow better visibility of cars approaching. Elevators in private and public buildings:

"When you find these things, you feel better;" "there are quite a few curb ramps and they are very useful for women pushing their shopping trolleys."

Low traffic:

"When I go for a walk, I go to the industrial area outside working hours. Then it is quiet."

Parks, landscaped streets, and green areas make walking, or at least travelling on foot, more inviting. Seniors think of things such as streets with wide sidewalks that are also free of obstacles, pedestrian areas with trees, and calmed traffic areas (areas where sleeping policemen are used).

"Parks invite you to walk; the sports centre is very pretty; you find nature, trees, you can go for a long walk."

"The speed bumps (sleeping policemen) you find on the roads are a good thing especially when they are on downhill roads because cars go very fast and you are afraid to cross."

"Wide streets, pedestrian areas, properly parked cars, car parks that help relieve congestion on the streets, paving in good condition and without bumps, tress, sidewalks that are free of obstacles, etc. All these things make you enjoy walking in the street but you cannot find them in town, only in the more modern residential areas."

"Routes created for pedestrians and bicyclists."

"Parks, benches where you can sit, good lighting on the outskirts of town."

"The new long-distance medical devices, mobile phones. If you are alone or if you need help when you are not at home, they are very useful."
Police presence. The elderly appreciate very much neighbourhood police:
"People who can assist you when you need to buy a ticket, when you need directions, etc."

**As public transport users:**

They appreciate bus stop proximity and comfort:
"Walking to the bus stop can be intolerable especially when you carry a lot of weight."

Frequent buses and multi-purpose routes (the same route services several common points of interest) are very appreciated. The elderly like the new "neighbourhood bus" that has been put into service. It is a small modified bus that services places that are more difficult to reach, such as areas with uneven terrain or narrow streets:
"It is an excellent service. Its routes are well thought-out."

The seniors interviewed in this group agree that the subway is their best travel option in general. It is relatively cheap and convenient for retired people. It has a family atmosphere, as they meet with people they know; this is not as common with seniors that live in large cities such as Valencia or Barcelona as it is with seniors who live in the outskirts. It is also necessary to take into account that the subway routes seniors in this study use run for the most part on the surface.
"Going for a ride on the subway" (most of the time it runs on the surface).

They feel proud of the circular route bus service that has been recently put into service. Even though they do not use it as frequently as they use the subway, they highly appreciate the fact that it is a modified and environmentally friendly bus.
"We have a circular route bus service that is free for retired people, it is easy reach and it is environmentally friendly."

They highly praise reasonable fares, good accessibility, bus driver assistance, and comfort, when these advantages become available:
"Public transportation is affordable and taxis are too expensive for our pensions."

"It is also nice to find people you know on the bus, people who know you, who greet you."

"Driver assistance (for instance that he doesn't say things like, 'Come on, we don't have all day!'), getting help when they need to be helped. They want to receive good service and to feel comfortable; for instance, when they wait for them to sit down, when there are seats available."

"It depends on the gap between the bus stop sidewalk and the step to enter the bus: It is all right if the sidewalk is high because then the step up to the bus will not be too high."

"I only think about the price, and also if the driver is patient; I'd rather pay more and get better service."

"Buses that are well-equipped. If the buses have air-conditioning, they ride with pleasure, they are not hot. If the seats are comfortable, they like to look out the window and look at things."
What limits the mobility of senior citizens

**As drivers:**

From the elderly driver point-of-view the most serious limitation is the eventual loss of their driving licence.

"They have taken away some of my friend's cars. That really limits your transportation options. Before, I used to ride my motorbike everywhere and now I don't even leave the house."

As far as vehicular traffic is concerned, motorbikes cause the elderly many problems, as bikers drive unpredictably and make it difficult for the elderly to follow their movements.

"Motorbikes don't seem to be subject to the same traffic regulations other drivers are, as they do not respect anything."

"Speed, some people drive excessively fast."

Parking problems are not specific to the elderly but they force them to face some of their limitations. Those who are in a better financial situation solve this problem by using pay car parks.

"Lack of parking space. I use car parks all the time; they are convenient and it is faster than looking for parking."

"In many car parks, you can't find any staff who can tell you where to pay or how to do it."

**Parking problems:**

"I never drive in the city because parking is a problem; I prefer to use the subway; besides, it is cheaper. However, sometimes the routes are not very good."

**As pedestrians:**

Problems with sidewalks are prevalent among pedestrians who are particularly sensitive to obstacles. Curb ramps or cuts which have been poorly designed cause falls and slips because they are not designed or built with suitable materials. Moreover, the ramp paving cannot be distinguished from the sidewalks' paving and the elderly cannot locate the ramps:

"Parking garage ramps run across the sidewalks and, if you are not careful, they make you fall."

"The ramps built at parking garages entrances are very dangerous; they are slippery and, when it rains, they are awful."

Paving in bad conditions, and paving with filth, especially dog excrement, also causes many problems:

"Everything is very dirty; people are not very considerate and they throw everything on the ground; dog owners are the worst."

"Dog excrement on the sidewalks, for hygienic reasons and because they make you slip and fall."

On the other hand, it is difficult for those seniors who need a companion to walk on narrow sidewalks. Cars parked on the sidewalks and obstacles, such as street furnishings, are also a problem. Sometimes this forces seniors to step down onto the street, and consequently they run the risk of being run over.
“There is a street downtown you can't walk on when it rains because the sidewalks are very narrow; they have put up too many street lamps and orange trees and between these two things there is no room for the umbrella, and not even for people."

“People who walk arm-in-arm or who push shopping trolleys can’t go through."

"Being able to walk on the sidewalk when you carry a shopping trolley; illegally parked cars do not let people walk through" (person who uses a cane)

If the sidewalks are too high, the elderly cannot ascend with their shopping trolleys. Moreover, there is such a large number of cars parked in the streets that people find it difficult to find an opening to reach the sidewalks.

"They aren't making ramps for many of the sidewalks that are now being built and the curbs are too high." "In the summer, you miss trees for shade."

Seniors who walk on streets with no sidewalks or on roads with no shoulders also have problems, as cars pass very close and balance is often an issue.

"Sometimes there are no sidewalks; the line marking the road touches the wall."

"I don't like to walk out of the suburb because the road is not in good condition; you have to walk on the edge of the road and there are no sidewalks; often, the shoulder is not very wide but the road is, and this encourages people to drive faster... It's a little bit dangerous."

They complain about the lack of trees but they also complain about the roads not being well-maintained. They complain about hedgerows because they reduce visibility and about inconvenient road works that force them to change their itineraries.

"Some traffic lights are covered by tree branches."

"Palms hang down on the sidewalks and this makes it difficult to walk. "Some hedgerows take up the whole sidewalk."

"Hedgerows make it impossible to see approaching vehicles."

"Road works; they don't respect pedestrians, they cut the sidewalks and we have to change our itineraries."

They demand that traffic islands are built in the wider streets or in streets with dense and high-speed traffic. Ideally, however, pedestrian crossing times at stoplights should be increased.

Pedestrian crossings prompt many commentaries: if there are no traffic lights they have to make risky decisions due to their sensory limitation.

Pedestrian crossings with traffic lights do not represent a problem for the elderly living in small towns because the streets are not very wide. However, sometimes the light is green for pedestrians at the same time it is yellow for drivers, and seniors believe this can be potentially dangerous.

"We have protested, but the problem hasn't been solved. The yellow light is flashing for the cars at the same time that pedestrians have a green light."

Finally, they think that many pedestrian crossings are not visible enough and that their markings should be repainted.

"There are many pedestrian crossings that need to be painted; you can't see them well. We need more curb ramps; the ones we have are not very well built."

Other problems are that traffic light cycles are not long enough for pedestrians to cross and that there is little traffic light visibility. Pedestrian crossings near roundabouts are also a
problem, as drivers have to focus their attention on several things at the same time and do not have time to see and slow down for pedestrians.

"Pedestrian crossings are very dark; there are not enough street lamps."

"Pedestrians don't have enough time to cross in roundabouts because there are no traffic lights any more." ."

"It's hard to keep an eye on pedestrian crossings which are near the roundabouts, as you have to pay attention to the other vehicles."

Seniors find themselves in a similar situation at intersections where cars can turn right onto streets where pedestrians are currently crossing.

"At some traffic lights cars can turn to the right when their light is yellow but they don't realise that there is a pedestrian crossing where they turn. Sometimes, we have to step aside despite the fact that the light is green for us."

Traffic lights on wide streets that need to be crossed are not synchronised.

"Traffic lights that are not coordinated on wide streets that need to be crossed in stages."

"Having to stop every time at different traffic lights is a nuisance because my legs swell when I stand on my feet."

"Sometimes my trip is broken up, there are too many crossings"

One senior mentioned having problems with the streets' terrain, as some streets are so steep that it becomes impossible to use them.

"Some streets are too hilly and it is impossible to walk up" (person who uses a cane).

No benches, the deterioration of parks, lack of security.

"We need more benches. The ones they have installed at the Plaza de España are not very comfortable to sit on. On some walks there is not a single bench to sit on. They have removed many benches and they are very necessary. It would be nice to have some at the Plaza Mayor, where there are none now. I am expressing the opinions of many of my friends who ask: 'where do we need to go to complain?'." "

"Gardens are neglected. There are not many places where you can take a break, there aren't enough benches" (person who has had a heart attack).

"We need more police in public parks; if I had to travel to the outskirts, I wouldn't do it, as there is no police presence."

"Streets are a disaster. Lighting is poor. There are only street lamps on one side of the street and at every 50 metres."

As public transportation users:

Some of the limitations the seniors mentioned refer to such deficiencies in the subway stations and at the bus stops as: lack of elevators or escalators, lack of personal service, lack of safety, and lack of public toilets, a service that seniors highly appreciate, especially if they are going to have a long wait time. As far as bus stops go, they demand more seats, sheltered areas, and easy-to-read information.

"There are no public toilets on the subway or at the stations. The toilets are only for subway employees."

"You don't feel safe in many stations when you are alone. They are well built but there is not much security."
"You cannot enter some of the stations if you have a shopping trolley because there is no elevator."

Even though seniors consider the subway a very fast means of transportation, they do not think it suitable for handicapped people or for the elderly:

"Stairs are obstacles difficult to overcome for those of us who suffer osteoarthritis."

Regarding the railway system, the most oft-cited difficulty is that the distance between the train and the platform can be difficult to cover for people with reduced mobility.

Fares were also discussed and, for many of the seniors who were interviewed, they are too high. In some towns, the senior discount for the subway only applies to one-way tickets but not to the 10-journey tickets, which can be purchased by all users at the same reduced price.

"The fares are very high. The senior discount fare is not any better than the fare for the 10-journey ticket that everybody can buy."

There are other factors which discourage seniors from travelling by subway: low-frequency of service to the outskirts, lack of transversal public services (services that interconnect districts in the outlying areas of cities such as Valencia), or the necessity of changing trains, which forces them to go on foot part of the way. This problem also applies to the bus service.

"When you need to go to a nearby town, you have to travel to a town that is even further away, as that is the route the bus takes. This cuts down your mobility."

"The bus and the subway often drop you off far from the place where you are going and you have to walk. It is difficult for me to walk so I prefer that somebody take me."

"There is not much public transportation in small towns. The elderly cannot go out unless they have somebody to take them."

"It is all right to use public transportation but... You have to walk too far to get to the stop. Not to mention the fact that there is no subway service here and you have to go to L'Eliana or to Riba-Roja" (person in rural area).

"The subway departure hours have been poorly planned; the trains should leave more often. Currently, there is a 40 minute wait between trains. Many people go to Valencia by car."

"Another problem is the transfers you have to make to go to the new hospital, 'Son Llazter', as you have to go from 'Rafal Nou' to Palma and from Palma to the hospital, and then do the same on the way back. You have to take four buses or you have to go by taxi or by car, if you have one. It takes you an hour and a half, whereas it only takes a normal person 20 minutes to go on foot. What we value the most is time."

The subway is regarded as a comfortable mode of transportation, even though standing during the trip can cause the elderly ergonomic problems:

"There are no handles to hold on to in the subway or they are too high and I can't reach them."

"People should respect the seats that are reserved for the handicapped."

As far as the metropolitan bus service goes, as in Valencia for example, seniors note that the stops are not clearly indicated in advance. We need to take into account that most of the seniors who were interviewed do not reside in Valencia. The fact that buses can brake unexpectedly also represents a problem for the elderly who are not able to find a seat. They also have problems with the machines that cancel the tickets.
"I don't like the metropolitan bus service. You never know where the bus is going to stop because it is not announced. This is only done on a few buses. Moreover, they don't drive well and, if you have to stand, it is easy to fall. Sometimes, when you ask the driver a question, it seems to bother him."

"The machines which cancel or sell you the tickets are a problem. They should have a person assisting the elderly."

As bus users, they also have problems with the other passengers and with the drivers' lack of courtesy. People are in a rush to get on and off the bus; some routes are not very flexible.

"If the driver helps them and even waits for them to sit down, they like riding the bus. But sometimes, drivers don't wait; they start the bus right away and the elderly lose their balance and there goes the old guy stumbling along the bus unless somebody grabs them. This makes them angry and disgusted."

"You have to have the exact amount of money or else the driver will tell you off."

In the case of Elda, a small inland town, the bus service seems to be rather problematic. Complaints are mainly about the scarcity of routes, low bus capacity, the lack of information, and the irregularity of the service.

"On Sunday and Saturday there aren't enough buses. Besides, the buses are too small."

"There aren't enough buses on Tuesday, which is market day."

"There is not suitable information on schedules, routes, or daily bus services. The signs are not legible."

**Special vehicles and taxis:**

Taxis, ambulances and special vehicle services are not well rated for different reasons. In the small towns, the reasons are not purely economic. They also involve the senior's relationships with their neighbours and the more communal way of life that is characteristic of suburban areas.

"If you have to go to the emergency room, the ambulances will take you, but sometimes it takes them too long to arrive and you can die. Somebody will probably take you, even a neighbour."

Nevertheless, other seniors consider it important to have an ambulance service in their town:

"There is no ambulance service. My husband died because they did not arrive in time to help him."

The current adapted taxi service seems to be insufficient and not very accessible.

"In the whole of Palma there is only one taxi that can accommodate a wheelchair. And think of how many taxis there are in Palma!"

"Sometimes it is difficult to get a taxi. You have to phone and they don't even answer the phone at certain peak hours."

**As bicyclists:**

It is not very common to find bicyclists among the seniors interviewed. Generally speaking, riding a bicycle is not a very common activity among seniors. In fact, the safety conditions
for bicyclists of any age are very precarious in Spain. In the case of the elderly, we also have to take into account their age limitations.

"I ride a bicycle and there are no suitable areas for it. There aren't any of those bike lanes. There are roads with very narrow shoulders. There is no visibility at the intersections around town because the streets are too narrow."

"At my age it is dangerous to ride a bicycle on the road because cars go very fast and I can't keep my balance. They go by very fast and you can fall, but I do like riding my bike."

**Measures that are believed to be necessary to improve the situation**

**As drivers:**

One of the measures they suggested is having clear and high-impact signposting, especially in high-risk areas.

"They should place stop signs in the middle of the street, with flashing lights so people can easily see them and stop."

**As pedestrians:**

As pedestrians, seniors suggest improving the sidewalks: width, lower curbs, non slip paving, etc. They also suggest turning the centre or parts of it into pedestrian streets.

"Take cars out of the centre or only allow car access for residents."

"Wider sidewalks and improve pedestrian crossings in the Alameda (street leading to the healthcare centre)."

"Improve visibility by cutting the hedgerows and fix the sidewalks."

"Build pedestrian streets."

"Create pathways for pedestrians. The downtown area has to be for pedestrians."

"Street furniture should be well organised and in its place."

"Build public toilets; there aren't any."

They consider it necessary to limit vehicle speed and to better regulate traffic lights by providing safe pedestrian crossing times and by eliminating the "yellow-green" concurrence.

"Build speed bumps to slow cars down."

"Illuminate pedestrian crossings better, with more and more intense lights."

"Repaint crossings more often."

"Give pedestrians more time to cross at pedestrian crossings" (person who uses a cane).

"Do something to slow cars down at the entrance and exit of town" (person in rural area).

Finally, senior assistance services should provide companions for people with mobility and social isolation problems.

"Social workers should accompany the elderly when they need to go out, even if it is only for a few hours. The elderly always look for protection."

As public transport users:
In relation to public transportation, seniors very frequently request that measures are taken to improve frequency.

In the case of suburban and rural groups of seniors living in Bétera and La Eliana, frequency problems could be solved by building a shuttle or a double line to a nearby station. This line could travel twice as frequently to this station as to the other stations in these towns.

"A shuttle subway line to Seminario" (nearby station with more frequent departures).

"They should open a double line to Seminario so as to increase the subway's service frequency."

Seniors living in the outlying districts of Valencia demand that they extend public transportation routes to places such as the airport and to the shopping malls in the area.

"I would extend public transportation routes, for instance to the airport, as you have to take a taxi to go there and they are very expensive."

"If there were more public transport, this would be a good place to live because it is very quiet, and I would be able to go to the swimming pool in Bétera and also see my kids and grandkids."

"A local bus to take us to Mercadona (supermarket) should be put into service, or a bus to assist us."

As mentioned before, another important request is that the public toilets that already exist in the stations are opened to the general public or that more toilets are built in those stations where there are none yet.

"I would build public toilets because sometimes it takes the subway 45 minutes to arrive and then you have to travel for half an hour. I would put up directions that are clearer and easier to see (as my friends get lost). I would also have more staff working there to assist the passengers, to give them directions, answer their questions, and it would be nice if there could always be someone at the ticket office."

Regarding the circular route bus service, seniors suggests modifying bus stops to better meet their needs:

"Building comfortable shelters at the subway and bus stops where you can also find easy-to-read information about the service."

As far as the bus service is concerned, most of the seniors who offer suggestions live in urban areas. The most relevant requests are to have somebody who can assist them onto the bus and that the buses better accommodate wheelchairs or pushchairs.

"Suitable and comfortable buses, and somebody to help those passengers who have mobility problems."

"Also, there should be more modified buses, as now they can only fit two wheelchairs and, if there are any pushchairs on the bus, they don’t fit at all. Also, buses should have more seats reserved for handicapped people, as only a few people get up and offer you their seats."

**Political measures:**

The seniors who were interviewed believe that some political-municipal measures should be taken: more police presence and surveillance, and stricter penalties to enforce road and street courtesy and to keep the streets clean.

"Stricter penalties both for cars and for dog owners who do not pick up their dog's excrement."
"They should fine more often drivers who do not yield the right-of-way in pedestrian crossings, and I would also penalize drivers whose cars or motorbikes make too much noise."

**Organisation of the elderly:**

One of the seniors interviewed, who had experience organising elderly associations, expressed the opinion that it is necessary to motivate the elderly so that those who are in good health can lead their own organisations:

"People like me who work for mobility cannot find other people to take our place"; "It is necessary that someone takes our place... If we don't do it this way, the elderly stay home, they get depressed and then they don't leave the house any more."

The seniors' proposals to improve their ability to organise include: being active and being motivated to participate in city government; meeting with experts to ask questions or to receive relevant information; launching campaigns to promote the use of 'Casales' (senior social centres) and other forms of association for seniors.

**Special modified vehicles and taxis:**

Participants propose creating some form of group or especial transportation for people with mobility problems. Taxis can serve this purpose, but they are too expensive for the limited budgets most seniors have. There is general agreement on the proposal of an ambulance service at their disposal near their homes.

"Some form of public transportation is necessary for all those seniors with mobility problems, some form of especial or modified transportation that replaces taxis, as they are too expensive. This service could be financed by all users so as to minimise its cost for the elderly."

In the interviewed seniors' opinion, taxi use should be encouraged for retired people. In order to do so, the different public administrations should negotiate some form of taxi pass, similar to the pass used on buses.

"An network of ambulance services near where we live."

**As bicyclists:**

In some of the interviews with seniors living in suburban areas, the creation of a complete network of bicycle paths was sometimes requested.

"It would be necessary to construct a bicycle path that covered the outskirts of town and the residential areas."

**Planning and control:**

Other proposals relate to public space design and road policy in general.

The majority of seniors agree that the construction of more public toilets should be proposed.

"Most of us, both men and women, suffer some form of urinary incontinence."

A former truck driver deplored people's of lack of respect for slow cars:

"The road is everybody's property."
The elderly women who were interviewed emphasized the importance of having more retirement homes. Among other advantages they offer to the elderly, they facilitate social encounters and they improve accessibility.

A woman in an industrial area proposed more environmental policies.
"Move the factories away from the town as they cause noise, bad smells, and traffic."

**Education:**

All seniors agree that more education and information is needed. They propose action on two levels:

At school:
"Before, there used to be a subject called 'citizenship' but it doesn't exist any more. They should include it again in the curriculum."
"Teach road safety and good citizenship at schools."
"Include a subject called 'good urban living' that carries a lot of weight in the academic curriculum."

Public service information campaigns:
"Become aware that it is necessary to change our approach and to use the car less in the cities."
"Go out, meet, and defend our right to use the streets."
"Raise young people's awareness on the need to take care of their elderly, as elderly people need a lot of support."

**What prevents measures believed to be useful from being implemented**

**Administrative conflicts and maintenance:**

Some of the problems that prevent measures from being effective are caused by bureaucracy and by a lack of planning in the administration.
"We had an ambulance in town that had been donated by an financial institution, but there was nobody who was qualified to drive it."
"The elevators in subway stations are very convenient but they are often out of order."

Conflicts among social groups:
It may be that the seniors' most paradigmatic conflict is the conflict with younger generations:
"We are two societies that live at different speeds and we sometimes crash at an intersection just like cars and pedestrians do. The fact that some people feel free to use their motorbikes and make noise and challenge anyone is interpreted as aggression by the elderly, who are scared of such behaviour."
"Young people force us to get off the sidewalk."

There is a conflict between the elderly and other groups of public thoroughfare users. Seniors feel that most political and technical decisions favour motor vehicle users.
"They want to benefit drivers but they don't think of anyone else."

"The reason why we don't have more buses or more of these kinds of buses is because there are too many cars, the city is saturated with cars."

**Conflicts with neighbourhood associations:**

"Some neighbourhood associations are against curb ramps. They are not very considerate. They have to realise they will also be old one day."

Differences in political criteria:

"Changes of government; there is not a unified policy regarding the elderly. They use us during the elections and then they forget about us."

"The roundabout system, which is considered to be an effective way of regulating traffic and vehicle flow, represents a problem for pedestrians, and especially for the elderly, when there are pedestrian crossings near the roundabout. The elderly believe that the traffic light system is more permissive with pedestrians."

"Election time issues and ignorance of our needs because they do not come to our neighbourhoods. If they don't come to see our neighbourhoods, how can they know what we need?"

**Lack of information and lack of social awareness:**

The problem with some of the initiatives implemented is that the groups that will be affected by them have not been properly informed.

"They handed out free scoopers and bags so that dog owners would pick up their dogs' excrements and they built "pipicans" (small fenced areas where dogs can evacuate), but nobody uses either system. Publicity campaigns must have failed."

"Many people haven't got used to taking the circular route bus, but it's convenient, it's worth taking it. What happens is that people are accustomed to always going by foot." "Not long ago, they put into service a bus that goes through the old part of town and it is always empty. They should extend the route's radius to include other parts of the city and should let people know about it. I think more publicity is needed."

"The different regional governments should inform the elderly periodically, as the elderly do not often read the newspapers. There should be an office dealing with seniors."

"Poor manners. People also need to be aware that they live with others and that people do walk on the street. We all have problems, both pedestrians and drivers."

"Everybody is in a hurry. People need to change. It is not a question of more public works; it is the people that have to change."

**Lack of pressure:**

It is difficult to have any political influence if people are not previously organised. Seniors believe that some of the problems that make organising difficult are: the elderly are a heterogeneous group of people; many of them have problems moving, others have problems with their eyesight or their hearing, and some have psychological problems. Then there are social and cultural differences and, last but not least, the elderly themselves believe that that is the way ageing goes and that there is nothing anybody can do about it.

On the one hand, they think that the elderly could achieve many things if they were actually ready to work for themselves, as they have great human potential and free time.
"The elderly don't have the energy young people do, and that's why we retire. But if there are enough of us with the necessary energy to coordinate and organise ourselves, we will be able to put some pressure on the institutions. Moreover, we represent a large group of voters."

"The citizens (the elderly) do not complain enough; we have to demonstrate and demand that they fix what needs to be fixed in the streets."

They feel that the administration does not have the desire to listen to their voice:

"They don't take any notice of us in City Hall when we request something. I think they don't pay attention to us because we don't have long to live and they don't care."

"We have an Elderly Council that does not even consult with us."

"What happens is that the elderly face a number of artificial obstacles, not natural obstacles, that force them to stay put."

However, there is a feeling of ambivalence regarding their own ability to organise, to demand their rights, or to advise on measures related to their mobility.

"Many things are being done for our benefit and we don't really deserve them because we don't fight for them."

"What happens is that the elderly are conservative and they give up and let others manipulate them. We are the easiest human beings to manipulate."

"They make do with what they have and they no longer have any ambition. An elderly person is not as ambitious about the future as a younger person is; young people have goals and, when they reach those goals, they set new ones for themselves."

"We don't have leaders, we need more leadership."

"I think there are more elderly people associations everyday and they demand many things, but it seems to me that they do not discuss mobility that much."

**Financing or political return:**

For a large group of seniors, many of the improvements that the elderly see in urban areas do not reach suburban areas because they do not have a good political return. They are always late.

"Improvements are not seen everywhere. They are normally seen in the cities but not in the towns, where things seem to be a few years late. This is due to the government's lack of planning and foresight."

**Poor quality or insufficient measures:**

Some of the measures taken by the municipal government are not entirely effective due to the fact that they are insufficient. They are insufficient either because they create other problems or because there is something missing that would make them more attractive or accessible.

"A bus service has started operating in town but the bus stops are not well equipped for waiting. If, when the bus comes by, there is nobody at the bus stop, the bus does not stop, but goes straight past."

"When you need to go to the chemist and it is located in a different town, the police takes you there but there you have to pay for the medicines and then you have to return another
day so they give you your money back. You have to go twice and they don't take you the second time."

In some cases, the resources set aside for the elderly are assigned a different use.

"We only have one neighbourhood policeman for the whole neighbourhood, a neighbourhood that extends from the 'Levante industrial state' to the 'Pont D'Inca? (two places indicating a large area). Then, this policeman spends his time delivering official notifications to people's homes, so he is not enough; there is no security and people with many limitations have a lot of problems."

It is not uncommon that works that were supposed to improve existing resources turn out to be inadequate, either because the facilities will not be used to their full extent or because they will cause more mobility problems.

"They did some work on the old paving but it ended up making the sidewalks even higher.

"Some of the streets with medians have pedestrian crossings going one way but not the other. You have to walk on the median till you find a crossing that takes you to the other side of the street."

"Where I live, they mounted some signs in a pedestrian crossing but the trees covered them, you could only see the posts."

"They have never done anything for this neighbourhood. The only thing they did was build a park that has walls around it and cannot be seen from the outside."

**Lack of political will:**

They have the feeling that their requests are ignored or rejected for no sensible reason. One of the participants explained:

"There is a traffic light on X... street but cars dash through and don't stop. One of those traffic lights that turns red when you exceed a certain speed (for example when you go over 40 km/hr.) was requested. But they told us it was too expensive. Then, the installation of rumble strips was requested, but the answer was that these strips could be dangerous for bikers, as they cause accidents when bikers drive too fast."

In this senior's opinion, if there is no technical solution, political solutions should be found.

**Lack of police:**

Most participants agree that the lack of police and police control is one of the main reasons why social norms and pedestrian mobility policies are not observed.

"There is hardly any police on the streets and this decreases elderly pedestrian mobility since vehicles do not respect them and constantly break the law."

"There are hardly any subway employees at the stations and the elderly are scared, they feel unprotected. They are reluctant to use public transportation if they know that they are going to be using a station where they are going to find themselves alone."

"The municipal authorities are not strict enough. If they fined them more often, I bet they would learn their lesson."
Consortium

Project co-ordination
University of Vienna, Institute of Sociology • Anton Amann • Austria • contact: anton.amann@univie.ac.at
FACTUM OHG • Ralf Risser • Austria • contact: ralf.risser@factum.at

Partners
University of Erlangen - Nuremberg, Institute for Psychogerontology • Heinz Jürgen Kaiser • Germany • contact: kaiser@geronto.uni-erlangen.de
National University of Ireland – Traffic Research Unit / Counselling & Health Studies Unit • Donncha O´Cinneide / Eleanor O'Leary • Ireland • contact: d.ocinneide@ucc.ie / eol@ucc.ie
Universitá degli Studi Roma Tre – Dipartimento di Progettazione e Studio dell'Architettura (Di.P.S.A.) • Lucia Martincigh • Italy • contact: size@uniroma3.it
Lund University - Department of Technology and Society • Agneta Ståhl • Sweden • contact:agneta.stahl@tft.lth.se
Cracow University of Technology – Department of Architecture • Lidia Zakowska • Poland • contact: izakowsk@usk.pk.edu.pl
Centrum Dopravního Výzkumu (CDV) - Transport Research Centre • Karel Schmeidler • Czech Republic • contact: schmeidler@cdv.cz
Universitat de València, Facultad de Psicologia, Dpmt. Metodologia de les Ciències del Comportament, Psychonomy Research Unit • Hector Monterde i Bort • Spain • contact: Hector.Monterde@uv.es

Senior citizens associations
Stowarzyszenie Wychowanków Politechniki Krakowskiej im. Tadeusza Kosciuszki • Władysław Muszynski • Poland • contact: noworyta@omega.put.pl
Asociacion de amas de casa TYRiUS de Betera • Amparo Sancho Piera • Spain • contact: mocanu@telefonica.net
Associazione Abitare e Anziani (AeA) • Assunta D’Innocenzo • Italy • contact: aea@uni.net
Pro Skåne • Karin Wegestål • Sweden • contact: pro-skane@skane.pro.se
Stadtseniorenrat der Stadt Nürnberg • Helga Appel / Karl-Heinz Ludwig • Germany • contact: helga.appel@stadt.nuernberg.de

www.size-project.at