

# Coping Without a Car

## Summary Report

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# Introduction

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The New Zealand Positive Ageing Strategy seeks to improve opportunities for older people to participate in the community in the ways that they choose, and includes the goal of affordable and accessible transport. Research in New Zealand and overseas indicates that older people hold strong preferences for private transport and that access to private transport is an important element in their quality of life. The Coping Without a Car study asks “How does lack of private transport affect the lifestyle and quality of life of older people, and how do older people who do not have access to private transport meet their transport needs?” We asked these questions of 28 couples and 43 single people, with an average age of over 80, who were living in cities and towns throughout the country.

## Situations – life without a car

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### Giving up driving

Giving up driving is the starting point for life without a car. People may give up voluntarily, as a result of medical problems (often on the advice of a general practitioner, medical specialist or optometrist), or through failing a medical test at age 75 or a practical driving test at age 80, which is then repeated every two years. A man living in a retirement village offered a typical example:

*I had a stroke four years ago and now can have mini strokes, so it's unsafe. I gave up voluntarily with family advice.*

Ceasing to drive clearly has a considerable impact, and some people became quite emotional when they talked about how their life had changed. One man said:

*It was like cutting off an arm or a leg.*

There are clear gender differences in attitudes to driving and to giving it up. The impact seems greater for men than for women, because women generally have better social networks and are more used to being passengers throughout their lives. More women than men of this age have never driven and women tend to give up driving earlier. Often women see it as a relief. They "never liked it" and were "never confident". On the other hand, men frequently associate vehicle ownership and driving with a sense of individuality, independence and status.

However, a considerable proportion of the people interviewed say they have adjusted to life without a car. A man who lives close to a town centre said:

*[ceasing to drive] had quite an effect but you get over it. It would have been harder if I did not have my family close and didn't live in this location.*

A woman living in an area without public transport added:

*No effect really, once you get used to having to ask [for lifts], and we get more taxis.*

Whether or not people cope well without a car depends on a range of factors, including location and the availability of other transport options, but also on personal health and mobility levels. Where people are limited by disability or ill-health, they risk becoming isolated and housebound. Outlook on life and the extent to which people feel dependent on others are also important, as autonomy is crucial to quality of life in old age. Personal attitudes also influence the extent to which people are willing to consider alternative forms of transport, such as mobility scooters.

Losing access to private transport affects social networks and travel patterns. Although most of the people interviewed have close family living in the same centre and see them at least once a week, this does not guarantee assistance with transport, given the busyness of most of their adult children. Friends are sometimes the preferred sources of lifts, but many people have lost contact with their friends, through transport problems or death. A lady who had lived in the same area for 45 years said:

*They [my friends] are all in their 80s and they also have lost their licences – so I rarely see them.*

## **Transport patterns**

Many people have fairly regular patterns of trips on a weekly basis. Most commonly, these involve shopping and church, but also regular club meetings or recreational activities, such as bowls or cards. Others tend to have only one regular trip per week, again often for shopping or church. There were examples of people with serious health problems who go out only once a week to a Stroke Club or day care for Alzheimer's patients. Regularity of travel is important in terms of finding suitable transport when the flexibility of private transport is no longer available.

The activities most likely to generate transport needs are food shopping, other types of shopping, medical appointments and seeing family and friends. A good proportion go to church or religious observances. Much fewer are currently involved in voluntary work, although many have done such work in the past. People are most frequently dependent on others for transport to go shopping, to see family and for recreational trips. But being dependent for food shopping does not seem to cause difficulty, perhaps because it is seen as essential and thus help is more

forthcoming, or perhaps because people are more willing to ask for help in this area. The same is true for religious observances and recreation. People can get to such activities but they are dependent on others. This is probably because they are group activities and others who are attending may offer lifts. In the same way, older people may be more willing to ask for lifts, given that others are going to the same destination.

## **Transport problems**

Transport problems come in several forms. Some arise from having to arrange travel around the availability of transport, especially buses and lifts. Travelling in other people's cars may not be convenient because of access, eg getting into the back of a two-door car. A lady whose husband has dementia has to synchronise two people when she goes out – one to remain with him and another to take her. In addition, her husband will not get in a car unless his wife is with him.

Medical or health emergencies can present problems. For example, the cost of travelling to hospital by taxi can be considerable. Even if an ambulance takes the patient one way, there is always the cost of the return trip.

Sometimes lack of transport means that people miss out on seeing friends or family, or are not able to get to special events, such as reunions, funerals/tangi or special events that are not of interest to the people who usually give them lifts. A lady who had never driven, and whose husband had failed his test, said:

*I could not go to [a reunion] because I would have had to take all my own bedding and you can't do that on public transport.*

Some people have problems with the reliability of transport, such as taxis not arriving, even when booked, and waiting for buses. Others missed shopping opportunities, such as sales and seasonal fruit and vegetables, and being able to shop at a leisurely pace. A friend used to take one lady food shopping every week, but he is now in hospital and unlikely to drive again. Now, when she goes shopping, she says:

*My son is always in a hurry and just grabs things off the shelf.*

The older people in the survey often mentioned that now they did not have private transport, they missed opportunities for spontaneous outings, just for pleasure. Examples included going for a drive around the coast, to see the spring flowers, or to bring back fish and chips on a Friday night.

These represent a mixture of what might be seen as problems relating to "serious" transport needs, such as food shopping or for medical emergencies, but also to optional or discretionary trips, including pleasure outings, spontaneous trips and visits to friends. These may be seen as less vital, despite their importance in terms of quality of life for older people. As such, once private transport is no longer available, discretionary trips may be curtailed or cease altogether.

### **Coping or not coping?**

What underlies the difference between older people who are managing well without a car and those who are coping less well? Mr and Mrs TO think their transport situation is "excellent".

*Mr and Mrs TO, aged 82 and 77, live in a detached house off a main road. They have been there for 18 years and find it handy for everything. They see their neighbours as also their friends. This is a second marriage for both and between them they have 10 children, several in the area, so they see a lot of them.*

*They live close to a supermarket and their doctor, so they can walk or go by scooter. Friends visit them and the family often provides transport to family occasions. Mrs TO has never driven, but Mr TO stopped three years ago on the advice of his optician. He misses driving and his independence, but has substituted other activities. Mrs TO says she was "never a gadabout". They get lifts with friends to go to play cards (Mrs TO) and to bowls and the RSA (Mr TO). Buses are hard for both because of eyesight (Mr TO) and arthritis and Parkinson's disease (Mrs TO). They don't use community transport but go by taxi into town and to clubs, using Total Mobility vouchers from the Arthritis Society.*

*They bought a mobility scooter for Mrs TO to use while her husband was playing bowls but now Mr TO uses it more – taking along a mobile phone and a magnifying glass. He can take trips of up to 20 kilometres and finds it wonderful. They are very happy and content and enjoy their large family who all get on well.*

On the other hand, Mrs CI has a restricted life and describes her transport situation as “jolly hopeless”.

*Mrs CI is 91 and has lived in her rambling house with quite a bit of land for 40 years. She has a gardener, a housekeeper and home care. She likes the view, the climate and the people, but the narrow, steep and meandering roads make it hard for her to get out and she could not use a scooter. There are no buses or community transport in her area.*

*Mrs CI has no children and most of her friends have died, but she still goes to church and plays bridge. She relies on a taxi or friends for transport and a neighbour will take her to medical appointments in Mrs CI’s car (but the neighbour is moving soon). She hates being dependent so doesn’t ask for lifts except from this neighbour. Mrs CI’s housekeeper does all the food shopping but doesn’t do personal shopping.*

*Mrs CI gave up driving three years ago when her husband died and her eyesight deteriorated. This is obviously distressing to her. Her mobility is very restricted; she uses a walking frame in the house and sticks when going out. Despite her disabilities, she considers her health to be good.*

The factors that either help people to cope or make life difficult without a car are illustrated by these and many other examples. But they do not always work in predictable ways. Location with easy access to public transport and services (church, shops) certainly benefits Mr and Mrs TO. However, being in a retirement village – where many people go for services and social contact – has not helped other people in the survey. Living alone, especially in an isolated situation away



from services, like Mrs CI, certainly does not help. The people who are coping well tend to have good friendship networks, and friends who are able to offer lifts. Having family nearby does not necessarily mean that transport problems are solved, as the following example of Mr AA illustrates.

*Mr AA is a 76-year-old Pacific person who moved to live with his daughter, her husband and her two children four years ago. His friends are mainly in another part of the city and his English is limited. Mr AA has not driven since he came to New Zealand, as he was a bit afraid of the traffic and now wishes he had, although his eyesight would prevent him from driving now. He mostly depends on his family for lifts, but sometimes he can't get where he wants to go if it does not fit in with their schedules. If they are at work and he is alone but wants to go out, it can make them feel guilty and him feel grumpy.*

*He can walk to the shops but has breathing difficulties and counts his health as poor. His children do not want him to go on the bus or use community transport and he doesn't use taxis because of the cost. He would like a mobility scooter, but the family are not supportive because it would mean he wouldn't exercise.*

Personal factors, as well as location or external factors, are important in coping. Foremost among these are good health and mobility. If older people are able to walk with ease and use public transport, this can compensate for a lack of private transport, provided bus services are available and accessible. The people who do not cope well, like Mrs CI, often have serious health problems (especially affecting mobility and eyesight). This may lead people to see themselves as "housebound". Given higher levels of health problems and disabilities among very old people, public transport is not always an easy substitute for a private car.

An important factor seems to be the extent to which people feel dependent on others for transport. This works against the values of independence and autonomy that are so important for quality of life in old age. General outlook on life and attitudinal factors also play a part. Several people who had multiple health problems still declared that their health was good and many thought their transport

situation was equally good, even though they may have appeared restricted to an outside observer.

Mrs FS describes her health as poor and has many of the attributes associated with not coping, but her outlook is bright and positive.

*Mrs FS lives in a quiet street in a small town where she has been all her life – she is now 79. None of her six children live close. However, she has lots of friends, so that people drop in very regularly. She says she can draw on "a huge bank of friendship". Mrs FS doesn't go out much but has a very active life in the community, fund-raising, letter-writing and phoning.*

*Once every two or three weeks, someone takes her shopping to a nearby town but she always pays her petrol money. Otherwise she doesn't go shopping but gets things through mail order. Friends give her lifts to the hospital and to see the specialist, but she can go by scooter to the local doctor. There can be problems when friends are not available or it would be inconvenient for them. There are no taxis in the area and only infrequent long-distance buses pass through. Mrs FS used to drive but gave up because she thought her reactions were slow and she needed the garage for her scooter. She didn't want to become a bad driver.*

*Mrs FS manages her lifts so as not to use friends too much and always gives cash or petrol coupons, saying they are "a shout" for their car. However, she can't just "hop out and go and see the kowhai blooming" now. Mrs FS is still getting used to her scooter, but it is wonderful as it makes her feel she is not shut in.*

## Strategies – how do people cope?

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Older people adjust to life without private transport in a variety of ways. They may adopt different transport modes or make changes to their lifestyles.

### Keeping the car

Some people keep their cars even when they no longer drive, as this makes them feel less dependent. One couple maintain their car in a roadworthy state for their daughter and home help to use:

*We still have a car so we can ask them to use our car and they are not using their benzene [sic].*

However, in several cases, it seems as though the cars are rarely used, as this requires a driver to be available at the appropriate time. Keeping the car is linked with the idea that a car is a symbol of independence and also with feelings about being “beholden” when seeking or accepting lifts.

### Relying on family and friends for lifts in private cars

Lifts in other people’s cars are by far the most common alternative transport mode for the older people in the survey. They get them where they want to go, they are cheap and they offer contact with other people. Lifts are most commonly used for shopping – food and general – and for travel to recreation and entertainment. Friends and neighbours are the most frequent sources of lifts, but family are also important and often preferred, as this is seen as “part of family life”. The people who have lifts most regularly tend to get them from a variety of sources.

These patterns and attitudes link with earlier observations about “serious” or “discretionary” travel. Older people may feel less reticent about asking family and friends for lifts if the purpose is clearly necessary and serious. Lifts to recreational activities may not be seen as serious travel, but often friends are going in the same direction. Visiting friends and outings for pleasure are also discretionary and thus people are less likely to ask for lifts for these purposes.

Lifts are popular as a means of transport because of their advantages.

*You don't have to worry about traffic.*

*You don't have to tear away down and then miss the bus.*

*To get from A to B. It's enjoyable going with whānau. You can catch up on titbits [of news].*

But there are also disadvantages. Lifts represent a lack of independence and incur a feeling of imposing on other people (thus requiring some recompense), so that many older people are unwilling to ask for them. Several people mention how they try to repay people who give them lifts, offering cash or petrol vouchers or responding with gifts (like Mrs FS). One man said:

*It makes me obliged to them, I don't like to impose, I would rather say nothing.*

Another man, in a couple where both used to drive, cited three disadvantages:

*You can't be relying on people and losing your independence. The others don't drive like I used to do, and, thirdly, having to be ready for people to come for you.*

## **Using public transport**

Public transport is not available everywhere and less than half of the people interviewed use bus services. Where buses are on hand, the main barrier is access – getting on and off the buses – although schedules and costs seem generally satisfactory. A higher proportion of the women have access problems, compared to the men. One lady does not use the bus service even though it is handy and regular:

*I am too frightened I will fall. My physio told me not to and haven't been on a bus for five years. The buses kneel, but it's getting off, I would be a bit slow.*

Another goes out every day with her husband, walking or by bus, but has problems:

*One bus driver comes too far out from the kerb. I have told him and had a few arguments. He pulled me up roughly once. Lately he has been a bit better.*

Access, more broadly defined, was the main improvement that the people looked for in public transport – having a closer service (or any service at all) and more physically accessible vehicles.

## **Using community transport**

Community transport is defined as kerb-to-kerb or door-to-door transport run by community and voluntary groups and can be seen as matching many of the advantages of private transport. However, only a minority of the people interviewed know about community transport in their area, and few use it. The services available are often related to medical and hospital appointments and the activities of organisations, such as Age Concern, the RSA, and kaumātua and women’s groups. Retirement villages and rest homes often provide transport, but not all the people actually living there use it, finding other ways to meet their needs.

Community transport is mainly used for recreational travel – typically outings organised by retirement villages, Age Concern branches or other clubs. Medical appointments are second in importance, linked to hospital and medical practice transport. No one in the survey said that community transport helped them to meet their transport needs in relation to religious observance, voluntary work or seeing friends or family, and it is not often used for shopping (except for shopping trips from retirement villages).

## **Using taxis**

A high proportion of older people in the survey use taxis, often weekly or more frequently. Cost is much more of an issue for taxis than for public or community transport and represents a barrier to their greater use. In some smaller centres and rural areas, however, there are either no taxi services or problems with availability. Taxi transport tends to be used for “serious” travel and emergencies, and for getting home in bad weather, at night or with baggage.

Taxis are used most commonly to get to medical appointments, with the doctor or specialists or at hospitals – ie for “serious” travel – and then for shopping and for entertainment/recreation. Very little use is made of taxis to go to see friends or family or to go to religious services. Mr and Mrs RP frequently travel by taxi and illustrate the attitudes and issues around their use.

*Mr and Mrs RP live in a high value housing area in Auckland. They like the environment and the views. They can walk to shops but usually take a taxi back. In fact, they use taxis a lot and sometimes the cost of them limits their outings. Going to the doctor costs \$9 and it is \$12 each way for Mrs RP to do her voluntary service for the church. There can be problems if the taxis don't turn up and the drivers "make a face" at short trips, like to the local cinema. The costs of getting across Auckland can be very high even with Total Mobility vouchers, and there are problems because not all companies have put in swipe card facilities.*

*Mrs RP has not driven for a long time and Mr RP gave up about two years ago after eyesight problems and a broken hip. They find getting lifts embarrassing and they don't ask for them. Buses are not very convenient for them and Mrs RP finds her poor eyesight causes difficulty. Neither of them walks much. Mr RP is 85 and Mrs RP is 78. Both consider their health to be only "fair" and their transport situation "limited".*

Most of those interviewed know about the Total Mobility taxi scheme and just over half use it. This provides taxi vouchers, representing a discount of 50 percent in most regions, for people with serious mobility constraints.

## **Using mobility scooters**

Fewer than one in five of the people interviewed have a mobility scooter, but a higher proportion would consider this means of transport if their condition deteriorated, if they could afford it, or if their location was more suitable for one. Men are much more likely than women either to have or to contemplate having a mobility scooter, perhaps because they are seen as similar to motorised transport.

One prospective male user said:

*Yes, I think about it, I don't know why I haven't taken it up. It would be handy; you don't have to go far, just to corner shop and for haircuts. But cost – I could get one second hand. Would the doctor allow me to use a scooter? I get lonely, it would be handy to have something to get on and go.*

Scooters are helpful for people reaching services, but more generally for recreational travel and just "getting out". A lady with limited mobility because of a heart problem said:

*I use it on good days. It cost \$4000 second hand and \$500 to replace the batteries. I did have a problem finding someone to do repairs, but it's the way to go if you are having trouble walking. It's better than staying at home.*

People who would not consider using a scooter suggest that this would be acknowledging loss of mobility and might be seen as lazy. One lady said:

*I might use one if I got bad enough. Our son wanted us to have one. But I felt like to would be the first nail in the coffin.*

Another had never driven:

*No way I would have a scooter, I would have to learn to drive.*

Mobility scooters are not suitable for everyone, especially people living on narrow, steep roads and in areas with no footpaths.

## **Walking as a means of transport**

Walking can be a way to travel and also beneficial exercise, but this depends very much on health status and mobility. Since they ceased to have access to private transport, some of the people interviewed have walked more and some less.

Neither Mr or Mrs DE can walk far:

*Mr DE – "I have to rest every 50 metres and I am slow on pedestrian crossings – the lights change before I am over the road." Mrs DE – "I have arthritis and chronic asthma – I don't like crossing on my own, I wait for someone else."*

Uneven footpaths and difficult road crossings are obstacles to safe and easy walking in some areas. Half a kilometre is a long walk for half of the men and over half of the women in the survey. This suggests that walking is not likely to be a substitute for private transport in many cases.

## **Moving house**

The main reasons for moving house, as suggested by the older people in the survey, fall into two approximately equal categories. The first is moving because of the attributes of the house itself, eg to a more easily managed property or a flatter area. The second is moving to be nearer to family and services, especially medical care. The latter may represent a move to improve the transport situation. Women who are living alone seem to place more emphasis on proximity – being close to services and to family – than single men or couples. However, it is difficult to isolate transport-related factors from other influences when older people are choosing where to live, and half of the people in the survey had been at their present address for over 10 years.

Other issues related to residential location emerged in the interviews. They include the need to think ahead, to plan, and not to leave a move too late, when it may be difficult to re-establish social contact. For some people, moving to a retirement village had improved their transport situation, but, in other cases, the outcomes were less successful.

## **Staying at home more**

One way of coping without private transport is to stay at home more. Some people have services delivered to their homes, but this is not common and may increase social isolation. One way in which older people cope is to stay put and be visited by family and friends, rather than going out. This gives them social contact, but not a change of surroundings.

Some older people in the survey seem resigned to staying mostly at home – “What can you expect at my age” – and this attitude probably leads to an understatement of transport difficulties. Often people see no answer to their problems, apart from adjustment to a more confined lifestyle. “Not thought about it” may cover not only acceptance but also unwillingness to consider alternatives – possibly ways of travelling (like community transport and mobility scooters) that they have not encountered before, when driving a private car was a central part of their lives.



## **Solutions – what would help?**

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The research threw up a range of ideas and suggestions of what could be done to assist older people to meet their transport needs once they no longer have access to a car. Many of these relate to the most common alternative modes of transport. According to the survey results, these are, in order of importance, lifts in other people's cars, then walking, then using taxis, buses and mobility scooters.

### **Mobilising family resources**

Having family close by does not necessarily fulfil the needs of older people for transport or for social contact. Older people recognise how busy their relatives are – with work, families and their own activities – and do not want to ask for lifts, especially for what might be seen as trivial or discretionary travel. And, while family frequently visit older people in their own homes, this does not provide the variety and stimulation of an outing, when they see new or familiar people and places. Family resources could more readily assist older people with their transport and other needs if “family-friendly” workplace policies also recognised that many people have eldercare and support responsibilities. This is an emerging issue, given the ageing of the population and higher levels of workforce participation by people in mid-life, especially women.

### **Managing lifts and involving organisations**

There are many advantages of lifts for older people who do not have their own transport: they provide door-to-door transport; there is someone to help with bags and to talk to; and the costs are usually low. However, there are attitudinal and practical barriers to making the most of lifts – waiting for other people, and worrying about inconveniencing them and about how to repay. These concerns may result in the least mobile of older people becoming housebound.

The situation could be improved by exploring ways of managing lifts for older people, through neighbourhoods, churches, recreation and sports clubs, and ethnic and other communities. Networks based on such organisations may be able to seek out and assist older people made housebound by lack of transport and hence missing out on social contact. If groups or organisations make themselves more aware of older people who could be interested in their activities but who

lack transport, they could broker lifts, putting drivers in touch with those who need "rides". This would avoid the embarrassment of asking and feeling obliged, or missing out on activities. Many of the older people who were interviewed had given up voluntary work, which may have helped them to feel they are making a contribution. Where lack of transport has contributed to this, initiatives from voluntary organisations may help people to re-connect, to the benefit of both.

Measures, such as "green dollar" schemes, which ease the feelings of obligation that older people often experience when they are given lifts, could be explored.

## **Improving public transport**

Public transport users in the survey were generally satisfied with the timing and frequency of services. Most did not wish to go out at night and families are more easily able to help at weekends. There are clear gender differences in public transport use, with women usually being more familiar with it and willing to use it, from past experience. This may make it easier for women to adjust to life without a car.

The research shows that public transport will not always easily substitute for private transport once access to a car is lost. However, public transport could become a more attractive and viable transport option for older people with adequate stamina and mobility if access and safety are improved and if services are better coordinated. The main complaint is about access, especially ease of mounting and alighting from the bus. This clearly relates to the design of the vehicles, and "kneeling buses" should become more widely adopted. The actions of drivers can also make it either easier or harder for older people to use buses.

Other ways of making public transport more attractive include: using smaller buses, for flexibility and door-to-door transport; using signage and timetables that recognise the eyesight problems of older people (some people do not use buses because they cannot read the numbers or names of services); planning routes and timetables in relation to the needs of older people, especially shoppers' buses; and linking commercial bus routes with community transport.

## Developing community transport

Infrequent use of community transport by participants in the survey is matched by low levels of knowledge about these services. They need to be more widely available, better known and flexible enough to serve a range of transport needs. Community transport does not seem to be fulfilling its potential as a means of transport for older people. This will require better levels of resources for such initiatives.

Many of the services that are available are for defined purposes, with a considerable emphasis on medical and hospital appointments. These are valuable and could be extended, incorporating features for those with special needs, such as wheelchair hoists and people to accompany and assist. Other community transport services require affiliation to an organisation or membership of a specific ethnic or other community. There are advantages in this, as older people enjoy the company of others like themselves and feel more comfortable with an organisation that they know (“I only go on the [Pacific Island community] bus”). However, this can also make the services inflexible and exclusive.

Coordination of community transport services appears crucial – with public transport, with car-pooling and with free services, such as shoppers’ buses. Ideally, the services should:

- be free or very low cost
- be easily accessible by people with disabilities
- accommodate multi-purpose and multi-destination trips
- be flexible enough to serve “discretionary” transport needs – seeing friends and enjoying the scenery – as well as “serious” trips.

## Improving taxi services

The older people in the survey use taxis extensively and many are eligible for Total Mobility subsidies, which reduce the cost. Taxis offer many of the advantages of private cars, in providing flexible, door-to-door transport, but they are not available everywhere and cost is a barrier, certainly in the perceptions of older people. This barrier is often based on attitudes, eg that taxis should only be used for important matters. A few people, however, recognise that saving on the cost of keeping a car can free up funds to use on taxi rides. Information on these relative costs could open other eyes and mitigate some of the impact of losing a car.

There may be ways in which taxi costs could be reduced, like concession cards or shared taxis. However, there are other barriers apart from the fares. In some areas, taxi services are non-existent or unreliable and, in others, waiting times can be unreasonable. Taxis are not well suited for short trips or for trips with multiple destinations. Older people generally do not find it acceptable to keep a taxi waiting while they visit several shops or deal with business in several locations. Better training of taxi drivers or finding ways to make drivers better known to their clients would help overcome the fear of strangers that is felt by some older women. People feel more confident with a familiar face, especially if the driver offers a personal touch, such as helping with baggage.

Total Mobility is clearly a useful scheme, well known and well used by the people who were interviewed, but some difficulties need to be addressed – with the swipe card system and with cost barriers.

## **Help with shopping**

The interviews showed that shopping is an activity in which almost all older people are involved on a regular basis. It generates transport needs, but also produces difficulties and dependence. It may be seen as a chore, but also offers the opportunity for social contact and diverse experiences. Selecting your own food and other purchases, and having time to do this in a measured way, is important in exercising choice and autonomy. There are benefits for older people in encouraging them to go out of their homes, to provide stimulation, encourage community participation and enhance autonomy. This suggests that, wherever possible, older people should be encouraged to do their own shopping. Improving transport options, other than private cars, would assist this.

Shopping centres could also explore opportunities to improve their services for older people. The interviews produced examples where shopping centres provide pick-up services and some malls now provide mobility scooters for hire. Perhaps “senior citizen friendly” shopping could be extended as a selling point – with special times, prices and conditions for older people (free delivery of purchases, displays of interest, special rates for haircuts and personal services, financial and health advisors in attendance and so on). Cinemas are often located in malls and they could promote sessions with “classic” films. Special “senior citizen” days could make it easier for older people to combine shopping with entertainment, social contact and professional appointments, thus meeting a range of needs in one place.

## Some cross-cutting issues

Several overarching factors have been identified in looking at how older people cope without a car.

- Location is an important influence on how well needs can be met in the absence of private transport. People who live in large cities have a different set of issues compared to those in smaller centres. Small towns often provide fewer options for transport – but congestion and high traffic volumes in large cities present different challenges. In addition, the transport options that are available for older people will depend on their specific location with respect to bus routes, people who might give lifts, and also terrain, which might affect walking and the use of mobility scooters.
- There are clear gender issues related to transport and wellbeing in later life, concerning driving and its cessation, the use of public transport, and openness to new modes, such as mobility scooters. These gender differences need to be taken into account in public education and information. From the survey findings, it appears that older men find it harder than older women to adjust to life without a car and being car-less is more of a threat to their independence and self-image. Older men living alone differ from older women in their circumstances and attitudes, and so do couples compared to single people.
- The report has highlighted a distinction between “serious” and “discretionary” travel. Serious trips are often supported by community transport. Older people feel less reticent about asking family and friends for lifts if the purpose is necessary and serious. And they are less hesitant about using taxis for such purposes. Travel to admire the scenery, to visit old friends or to go out on a whim (as was possible when they had use of a car) may be seen as trivial. These trips may not happen if bus services are not available at the times and to the place, if it is embarrassing to ask sons and daughters to take them, or if the taxi money cannot be spared. The activities of the older people are curtailed, their choices are diminished and their enjoyment of life is impaired, with possible negative effects on health and wellbeing.

- In later life, circumstances change and this will also impact on transport needs and their fulfilment. The report has highlighted changes resulting from loss of access to private transport. Changes in health status are also important, especially when they result in decreased personal mobility and confidence. The older people who perceive their health status as poor or fair are generally more dependent on others for transport. Loss of a spouse can remove the person who, as a driver, provided transport, especially in the case of older women. Moving house may or may not improve the transport situation, and moving to be closer to families does not necessarily translate into improved support levels.
- Attitudes and perceptions are influential in the area of transport as in many other areas of life. They influence whether or how people ask for lifts, who they ask and for what types of trip. They influence which types of travel are considered serious and which trivial. Personality factors, based on a lifetime of experience, hold sway in decision making about lifestyle and activities. They influence the extent and strength of social networks and the risk of social isolation. Diversity increases with age, relating to transport as well as other areas





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TE TARI KAUMĀTUA

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