

Travel difficulties and barriers during later life

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Travel difficulties and barriers during later life: Evidence from the National Travel Survey in England

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Abstract

Using data from the National Travel Survey in England, this study investigates which factors lead to experiencing travel difficulties among people aged 60 years old and above. The ability to be mobile is one of the key factors enabling older people to maintain their wellbeing and independence while ageing. Given the shift towards an ageing population that our society is experiencing, providing an age-friendly transportation environment becomes necessary to allow older people to be able to fulfil their travel needs and keep involved in societal participation. By employing a conceptual framework based on five interrelated domains shaping mobility during later life, this paper explores older people's difficulties in accessing transport resources, mode usage and undertaking out-of-home activities. Poor health and wellbeing conditions, lack of access to transport resources and gender are identified as the main predictors to experiencing travel difficulties in later life, while activities more affected in this sense are medical appointments, visiting family or friends and social ones. The findings have implications for policies, planning and interventions targeting age-friendly and inclusive transport and environment and show the need to move beyond the transport domain and employ a more holistic and intersectionality-based approach to understand what affects and shapes mobility in later life.

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Keywords: older people; travel difficulties; transport barriers; social exclusion; unmet travel needs; ageing.

1 Introduction

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The World Health Organization (2015) asserts that the ability to be mobile is fundamental for a healthy ageing, as this is a necessary condition to access goods, services and facilities and to take part in social and cultural activities. Indeed, it is well acknowledged that being mobile is one of the key factors associated with wellbeing and independence during later life (Farquhar, 1995; Gabriel and Bowling, 2004; Nordbakke and Schwanen, 2014). Therefore, providing agefriendly access to transportation is becoming increasingly important due to the demographic shift towards an ageing population that both developing and developed countries are experiencing. Several studies indicate that out-of-home mobility trends tend to reduce with age (Haustein et al., 2013). Reduction in mobility has been associated with the deterioration of health conditions (Haustein et al., 2013; Hjorthol, 2013; Siren and Hakamies-Blomqvist, 2004), but also inadequate travel resources and environment for mobility contribute in this regard (Schwanen and Páez, 2010; World Health Organization, 2015). A potential implication of reduced mobility is the risk of experiencing transport difficulties and disadvantages and, consequently, transportrelated social exclusion. Issues related to social exclusion are particularly relevant for the older population, as this group is considered amongst those most at risk of experiencing transport difficulties and disadvantages (Evans, 2001; Schwanen and Páez, 2010). Social exclusion is a topic that has received substantial attention in the last two decades within the transport field, due to the connection between poor transport, difficulties in societal participation and individuals wellbeing (Delbosc and Currie, 2011; Hine and Mitchell, 2003; Lucas, 2012, 2004; Preston and Rajé, 2007). Social exclusion has been often associated with the concept of poverty, as people with poor financial resources are more likely to experience transport disadvantage and difficulties to access services and goods, especially in case of poor access to private transport and/or if living in deprived areas (Hine and Mitchell, 2003; Lucas, 2004).

Nonetheless, it has been acknowledged that poverty is not only a matter of poor financial resources but rather the result of a combination of different factors (Delbosc and Currie, 2011) in which age is recognised as a potential predictor (Lucas, 2019; Páez et al., 2009). Lucas (2012) highlights that transport poverty is more the consequence of the direct and/or indirect interactions between transport and social disadvantages leading to inaccessibility to goods, services planning and the decision-making process. In this regard, Church et al. (2000) identify seven main categories associated with mobility that can be affected in terms of social exclusion:

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- i. Physical exclusion the physical nature of the transport system that create barriers to access by impaired people;
- 61 ii. *Geographical isolation* the dispersion of locations that reduce the ability to 62 undertake activities in specific areas;
 - iii. Exclusion from facilities the distance of services and facilities from dwellings;
- 64 iv. *Economic exclusion* the issues related to travel cost that limit the extension of work 65 travel patterns and job search;
- v. *Time-based exclusion* the constraint of organising commitments to allow time for travelling;
- 68 vi. *Fear-based exclusion* the problems related to personal security when travelling in public spaces;
- vii. Space exclusion the management of security or space preventing access to public
 and quasi-public transport spaces.
- Although older people tend to reduce their mobility patterns while ageing, this does not automatically translate into a decrease in travel needs. On the contrary, older people might require more needs for social and health services and also have more available time to carry

out their out-of-home activities (Kim and Ulfarsson, 2004). Moreover, the newer cohorts of older people are shown to be wealthier and healthier and with higher mobility expectations compared to those in the past (Coughlin, 2009; Siren and Haustein, 2015). In their review of the literature looking at factors affecting travel needs fulfilment in later life, Luiu et al. (2017) report that at least one-third of older people experience unmet travel needs. Leisure and social, especially visiting family or other people, were the out-of-home activities were most affected, particularly by women and people aged above 75 years old. Research on travel needs in later life has been focusing particularly on the impacts of access to transport resources, particularly private vehicles. Access to the car in the household and holding a driving licence are considered crucial factors for needs fulfilment and older people's independence (Haustein and Siren, 2014; Kim et al., 2014; Musselwhite and Haddad, 2010; Siren and Haustein, 2014). This importance is also stressed by studies looking at alternative options to travel after driving cessation, where the car remains the preferred way of travelling through lifts from family members or friends (Davey, 2007; Glasgow and Blakely, 2000; Shergold et al., 2012). The role of accessing a car for older people is also highlighted by the significant travel barriers faced while using alternative modes (see the review from Luiu et al., 2018c). Public transport is often perceived as unresponsive to meet older people's travel needs (Risser et al., 2010) due to issues related to service provision and availability, long waiting times, and walking distances to reach closest stops (Broome et al., 2010b, 2013; Buys et al., 2012; Fiedler, 2007; Mattson, 2010; Su and Bell, 2009). Safety and concerns over personal security also affect public transport use. Travelling alone (especially while dark), overcrowded buses, the behaviour of other passengers (Broome et al., 2010a; Gilhooly et al., 2002; Ipingbemi, 2010; Odufuwa, 2006; Risser et al., 2010) and recently COVID-19 implications

(Ravensbergen and Newbold, 2020) are the most reported barriers in this sense.

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Individual and built environment factors also influence travel needs fulfilment. Suffering from poor health conditions and subjective wellbeing is linked with reduced ability to carry out a smaller range of activities (Scheiner, 2006) and difficulties in using transport modes, particularly walking. Public transport is also affected due to boarding, alighting and standing operations and where stops are far from home or destinations (Hjorthol, 2013; Wretstrand et al., 2009). Cognitive, physical and sensory impairments also limit car use (Adler and Rottunda, 2006; Seiler et al., 2012), and health issues are considered as the main predictor for driving cessation (Haustein et al., 2013; Haustein and Siren, 2014; Hjorthol, 2013).

Household characteristics have been identified as factors linked with needs fulfilment. Older people who live alone have been shown to travel less (Tacken, 1998), report more desire to undertake leisure and social activities because of the need for satisfying these needs outside the home (Nordbakke and Schwanen, 2015) and have reduced access to car lifts in the case of driving cessation (Musselwhite and Haddad, 2010). At the same time, older people living with a partner and/or extended family members might face unfulfilled needs due to caregiving duties of spouse and children (Kim et al., 2014; Knight et al., 2007; Mollenkopf et al., 2011; Scheiner, 2006). Built environment characteristics affect the way older people travel (Loukaitou-Sideris et al., 2019) and access activity, both spatially and temporally (Evans, 2001). Nonetheless, the spatial context seems to not affect travel needs fulfilment (Haustein and Siren, 2014; Hjorthol, 2013; Nordbakke and Schwanen, 2015; Scheiner, 2006).

An interesting finding from Luiu et al. (2017) was that, because of the variety of research approaches used and the heterogeneity characterising older people, their review was not conclusive in identifying the real impact of the measures employed to investigate unfulfilled needs. Therefore, this paper aims at filling this gap by identifying which are the main factors leading to experiencing travel difficulties during later life. By examining data from the National

Travel Survey (NTS) in England, this research expands the investigation of unfulfilled mobility and transport barriers faced by older adults within the UK context. Particularly, this study builds on the conceptual framework developed by Luiu et al. (2018b), with the purpose of taking into account a broader range of factors influencing the mobility of the older population compared to previous studies. Additionally, this study explores how the NTS is investigating the issue of travel difficulties and what potential gaps need to be addressed.

2 Data and methods

2.1 Sample

The study investigates a survey sample of people aged 60 years old and above from the NTS 2016, which resulted in 4025 participants after eliminating cases with missing information (Table 1). The NTS is a cross-sectional government survey carried out in England (and in Wales until 2013) by the Department for Transport to monitor individuals travel behaviour and changes in travel patterns, assessing the potential equality impacts of transport policies, contributing to the evaluation of the impact of policies and providing inputs for transport modelling and appraisal guidance. The NTS data are gathered from face-to-face interviews and a self-completed travel diary recording journeys for seven days, with a sample of around 17,000 households. Data collected in the survey involve journey origin and destination, travel purpose, mode, distance and time travelled, number travelling in their party, vehicles used, tickets used and cost (NatCen, 2017).

It is important to note that the NTS consider not eligible to take part in the survey people dwelling in communal establishments/institutions, defined as "address at which four or more unrelated people sleep" (NatCen, 2017). Consequently, older people residing in dwellings such as care and nursing homes, retirement villages and sheltered housing are systematically excluded by the survey. Moreover, this study uses the data from the NTS 2016, despite the

NTS 2017 is the latest available from UK Data Service. Using data from the 2016 survey is due to the availability of a set of questions related to difficulties to carry out activities, which are rotated questions (*i.e.* in the survey every two years) asked only during even years (NatCen, 2017).

Table 1. Socio-demographic characteristics of the survey participants (n=4025)

Characteristics	%		%
Gender		Income	
Male	46.7	Less than £25,000	53.2
Female	53.3	£25,000 to £49,999	28.2
		£50,000 and over	18.6
Age groups			
60-64	23.6	Residential location	
65-69	24.5	Urban	76.7
70-74	18.7	Rural	23.3
75-79	14.3		
80-84	10.8	Regional location	
85+	8.1	North England	29.2%
		The Midlands	18.7%
Marital status		East England	12.0%
Married/Cohabitating	66.0	South England	28.7%
Single	5.2	London	11.4%
Separated or divorced	9.2		
Widowed	19.6	Years living in the sar	ne area
		Under 3 yrs	10.4
Employment status		Under 5 yrs	5.1
Full time	11.2	Under 10 yrs	10.3
Part-time	8.4	More than 10 yrs	19.4
Retired	80.4	Always lived here	54.8
Education		Car in the household	
Degree level or above	24.3	Yes	77.8
Other types of qualification	75.7	No	22.2

2.2 Conceptual framework for analysis and measures

This study employs the conceptual framework developed by Luiu et al. (2018b) (Figure 1). The framework is developed to improve the evaluation of travel needs fulfilment during later life. Much research on travel needs of older people is based on Maslow's (1968) hierarchy of human

needs approach, where people satisfy first biology and basic needs for survival, followed by psychological and self-fulfilment needs. A typical translation of Maslow's approach into transport studies is the classification of travel needs as utilitarian and discretionary. Musselwhite and Haddad (2018, 2010) furtherly expanded Maslow's perspective and developed a hierarchy of travel needs where older people tend to fulfil first practical/utilitarian needs, then social/affective needs and finally aesthetic needs (kinaesthetic, immersive and imaginative mobility).

A different approach used to investigate travel needs fulfilment generates from Allardt's (1993) theory of integral needs. This approach has been employed particularly by Scandinavian scholars and considers travel needs satisfaction according to three different conditions of life:

1) having (e.g. commuting, shopping, health); 2) loving (e.g. visiting family and friends); 3) being (e.g. leisure activities). An important characteristic of Allardt's applied approach is that activities do not belong to pre-fixed categories, but can help to fulfil different conditions of life.

In their review, Luiu et al. (2017) concluded that their analysis was inconclusive in identifying which factors lead to unmet travel needs due to both differences in research approaches and the heterogeneity characterising older people. Consequently, they developed a framework that, rather than being based on a specific theoretical approach, builds on an extensive literature review that identifies a set of factors that should be taken into consideration when investigating the mobility of the older people. The result is a construct of five interrelated domains of qualitative and quantitative variables that shape and influence mobility in later life.



Figure 1. Conceptual framework to assess travel needs in later life (Luiu et al., 2018b)

The "Transportation" domain assesses individual resources and abilities for transport mobility by investigating travel patterns and access to transport modes, attitudes towards transportation, coping strategies for those not driving and trip planning. The "Health and wellbeing" domain assesses health conditions and life satisfaction from both a subjective and objective point of view, in addition to exploring the relationship between the type of impairment and difficulties in undertaking activities and using transport modes. The "Built environment" domain assesses spatial characteristics in terms of contextual conditions of the place of residence not only from a general point of view such as urban, suburban or rural, but also with a more defined range of settlements spatial characteristics. Moreover, this domain investigates the accessibility of the built environment regarding access to transport resources, service facilities and goods, and quality of the infrastructural features provided. The "Activity domain" assesses the type of activity and the extent of engagement with activities that older people have, in addition to how these are perceived in terms of importance. Finally, the "Demographics" domain assesses individuals' background demographic characteristics about individual characteristics, socio-

economic factors, living form and environment and social network.

2.3 Measures

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The measures identified for the study were selected from the NTS survey in accordance with the five domains of Luiu et al's (2018) framework. Transportation measures comprised of factors related to access to transport resources and barriers in using transport modes. These include travel frequencies with the car, bus, train, walking, cycling and taxi (3 or more times a week; once or twice a week; once or twice a month; less than twice a month; once or twice a year; less than once a year); access to the car in the household; holding a driving licence and reason for driving cessation; car usage (*driver or passenger*); holding a concessionary pass for public transport and whether participants had difficulties in using the car, the bus and walking. Health and wellbeing measures included whether participants had general mobility difficulties and if such impairments/disabilities affected travelling by car, bus and walking. The built environment was measured in terms of participants' regional location of residence (London, North England, The Midlands, East England and South England); context of the residential location (urban or rural); and minutes to walk to the nearest public transport stop (less than 7 minutes; 7 minutes or more). Activities were measured in terms of whether participants had difficulties in undertaking outof-home activities and the barriers preventing them from doing so. Activities investigated were: 1) travelling to doctors/hospitals; 2) visiting friends or relatives; 3) travelling to other social activities; 4) travelling to school/college/university; 5) taking children to school and 6) travelling for any other reason. Barriers to carry out these activities included: (i) too far/long journey; (ii) journey not possible by public transport; (iii) cost of using public transport/taxis; (iv) poor information about public transport; (v) poor connections; (vi) public transport unpleasant; (vii) not holding a driving licence; (viii) cost of petrol; (ix) lack of parking

facilities; (x) cost of parking; (xi) personal disability; (xii) concern over personal safety and (xiii) traffic congestion.

Finally, Demographic measures draw on the standard characteristics used to provide an outline profile of the participants. Measures for this domain included age; gender, marital status (*living with a spouse/partner; living alone/widowed*); income (*less than £25,000; £25,000 to £49,999; £50,000 and over*); employment status (*working full-time; working part-time; retired/other non-working*); education (*degree or above; other types of qualifications*) and length of residence in the current house (*under 3/5/10 years; more than 10 years; always lived here*).

2.4 Data analysis

Data from the NTS 2016 were analysed with the help of IBM Statistical Packages of Social Sciences 26 (SPSS) and the analysis included descriptive statistics and a set of four binomial logistic regressions. Descriptive analysis comprising frequencies and cross-tabulations was employed to investigate respondents transport resources and travel difficulties with mode usage and undertaking out-of-home activities. The analysis followed the instruction from the NTS data extraction user guide (Department for Transport, 2017) with weighting procedures applied for the interview sample.

The regression analysis was carried out to understand the impact of the factors affecting travel difficulties among older people and was formulated based on the question: "Do you have any transport difficulties for any of these types of journey?". Dependent variables for the analysis were out-of-home activities in general and those that emerged from the descriptive analysis were older people reported more difficulties, *i.e.* visiting hospital/GP, visiting other people or relatives in their houses and social activities. As the dependent variables have a dichotomous value (yes and no), the binary logistic regression was employed as the appropriate model for the analysis (McFadden, 1973). The independent variables were identified according to four

remaining domains of the framework highlighted in Section 3.2 (*i.e.* transportation, health, built environment and demographics.). In addition to the objective indicators associated with these domains, the study follows the approach from Kim (2011a), Nordbakke and Schwanen (2015) and Kim et al. (2014) and includes also subjective indicators to provide a better understanding of the degree to which older people experience difficulties in carrying out activities.

As required for this type of analysis, the independent variables were checked for multicollinearity and tested by calculating the variance inflation factors (VIFs). On this basis, the following variables were not included in the models among the subjective indicators: poor information about public transport, public transport unpleasant, not holding a driving licence, cost of petrol, cost of parking. Among the objective indicators, holding a driving licence was also excluded due to the high correlation with access to the car in the household and car usage characteristics (*i.e.* driver or passenger). Although holding a driving licence is usually preferred over access to the car as a measure to assess car impacts (see Nordbakke, 2019), the NTS survey provides a differentiation in how people access the car either as a driver or a passenger, and therefore potentially better explain the impact of the car for transport disadvantages. Finally, given the relatively little variation in the sample, distance from the nearest public transport stop was also excluded from the regression analysis. Table 2 provides an overview of the independent variables employed for the binomial logistic regression analysis and the association of each variable with its domain of the framework.

Ind	ependent variables / Domains	Demographics	Health and wellbeing	Built environment	Transportation
	Age	X			
	Gender	X			
	Living status	X			
	Education	X			
	Working status	X			
sxc	Income	X			
Objective indicators	Length of residence in same area	X			
indi	Health problems with walking		X		
ive	Health problems with bus		X		
ject	Health problems with car		X		
op.	Regional location			X	
	Context of residential location			X	
	Car access as driver				X
	Car access as passenger				X
	No access to the car				X
	Holding concessionary pass				X
	Concerns over personal safety		X		
rs	Too far / long journey			X	
cate	Lack of parking facilities			X	
indi	Traffic congestion			X	
Subjective indicators	Journey not possible by public transport				X
ject	Unreliable public transport				X
Sub	Cost of using public transport / taxis				X
	Poor connections				X

271 3 Results

3.1 Access to transport resources

The descriptive statistics analysis suggest that the car plays a relevant role in older people's everyday mobility. The car is the most used transport mode with more than two-thirds (68.4%) of respondents travelling with this mode three or more times per week and 17.4% at least once a week. More than three-quarters of the participants had access to at least one car in their household (78.9%) and hold a driving licence (72.9%). Around half of them use the car as the main driver, while 10.5% just as passengers that do not drive. Older men are more likely to use the car as main drivers (34.4% *versus* 22.3%), while older women are more represented as the

other driver in the household (3.3% *versus* 8.5%) or passengers that do not drive (2.2% *versus* 8.2%). Similarly, the percentage of women with no driving licence is three times bigger than their counterpart (20.2% *versus* 7.1%). Both car access and driving licence decrease with age, with 80 years old as a turning point.

A notable gender differentiation to car usage is also present in the reasons for driving cessation and explain the differences between women and man in car usage (Figure 2). Overall, physical impairment/health problems (35.6%) and being too old (24.3%) were stated as the main reasons for not holding a driving licence. However, while men reported to having to stop driving mainly due to health reasons, women mentioned as main reasons feeling too old, safety concerns and feeling nervous about driving, availability of lifts from family and friends and costs associated with driving.

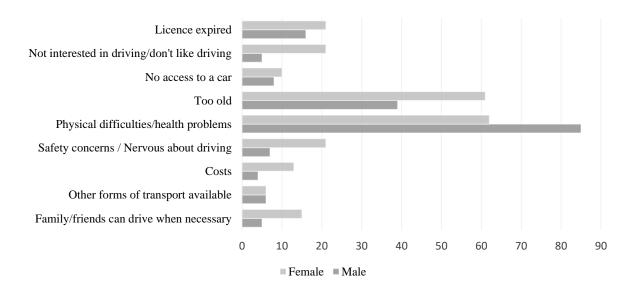


Figure 2. Reasons for driving cessation

People living in urban environment have less access in their household to a car compared to those living in rural areas (74.5% *versus* 88.7%) and travel less frequently with the car. On the other hand, data indicate they have better access to public transport. Overall, the vast majority of the respondents mentioned to live within 6 minutes walking distance from a bus stop and

two-thirds of them hold a concessionary bus and/or train pass. Nonetheless, while around 20% of urban dwellers stated to travel by bus at least three times or more per week, only 4.8% mention the same in rural areas. Older women use the buses almost as twice as men, while frequency tends to decline with age for both gender groups, again with 80 years old as a turning point.

3.2 Travel difficulties and barriers associated with transport modes

Looking at the travel difficulties and barriers experienced in their out-of-home mobility, around a quarter of the respondents reported having issues with transport modes. Data indicate that walking is the most affected mode in this sense. However, older people tend to experience difficulties with more than one mode at the same time rather than single ones, especially when walking is involved (Table 3). Older women have more difficulties than men, especially when walking and using the bus to travel, difficulties increase with age, but less about car usage.

Table 3. Travel difficulties per selected mode and combination of modes for gender and age groups

	Walking	Bus	Car	Walking + Bus + Car	Walking + Bus	Walking + Car	Bus + Car	Walking only	Bus only	Car only
Male	7.8%	5.5%	4.3%	3.2%	1.7%	0.5%	0.0%	2.4%	0.6%	0.6%
Female	12.4%	10.4%	7.7%	5.8%	3.2%	0.7%	0.4%	2.7%	1.0%	0.8%
Total	20.1%	15.9%	12.0%	9.0%	4.8%	1.2%	0.5%	5.1%	1.6%	1.3%
60-65	9.5%	8.0%	5.9%	4.3%	2.1%	0.6%	0.3%	2.6%	1.4%	0.7%
66-70	12.5%	8.6%	7.6%	4.6%	2.8%	1.6%	0.6%	3.5%	0.6%	0.8%
71-75	18.2%	13.8%	10.9%	7.1%	4.4%	1.3%	0.5%	5.4%	1.8%	2.0%
76-80	23.1%	17.3%	13.4%	9.7%	5.3%	1.1%	0.4%	7.0%	1.9%	2.2%
81-85	37.1%	29.1%	20.5%	16.6%	9.7%	2.1%	0.5%	8.7%	2.3%	1.3%
85+	50.7%	44.8%	31.7%	28.5%	12.4%	0.8%	0.8%	9.0%	3.1%	1.6%

A potential explanation for these findings might be related to the impact of health issues on mobility. It is commonly acknowledged that health deteriorates with ageing and therefore older people are more likely to experience difficulties due to declining of health functions. While the

implications of having difficulties with walking due to the deterioration of sensory, cognitive and physical functions (Tournier et al., 2016) are more obvious as walking is an active transport mode, the analysis reveals that poor health impacts also bus usage. As shown in Figure 3, of those reporting difficulties with using the bus (15.9% overall), the main reasons stated included getting to the bus stop, standing while waiting at the bus stop, getting in and out of the bus and to and from a seat. Basically, all actions that require physical effort and involvement. Health reasons were also, together with being too old, the main barriers reported for not cycling more during later life. Other barriers included concerns about road safety (8.6%), not having a bike (8.6%), too much traffic (7.4%) and having a car/easier to travel by car (7.0%).

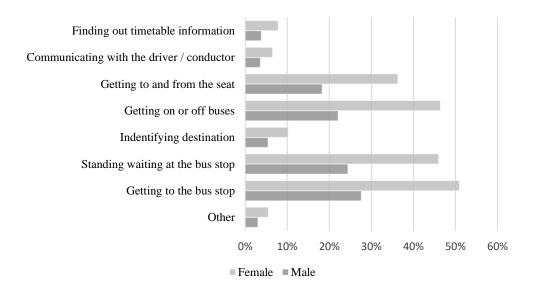


Figure 3. Travel difficulties experienced while travelling by bus

Interestingly, having health issues was not amongst the main barriers linked to car usage (Figure 4). Of those asked why they do not drive more (32.8%), only 6.2% reported not doing so due to physical difficulties. This finding confirms again one of the positives of using the car in later life, which is the compensation for the limiting effects of health issues on the ability to carry out daily activities (Siren and Hakamies-Blomqvist, 2004). The cost involved to run a car was reported as the main barrier to car usage, followed by lack of interested/no need of driving

and availability of family and friends to get a lift. The data show again a significant gender difference experienced in barriers associated with car usage.

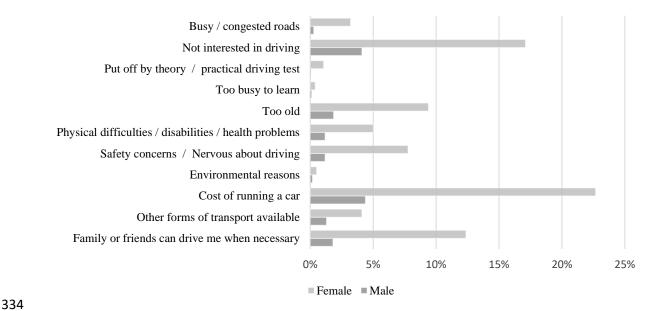


Figure 4. Barriers to car usage

3.3 Travel difficulties and barriers associated with carrying out activities

The other aspect that was analysed in terms of travel difficulties was related to understanding which barriers impact out-of-home activities and which of these activities are more affected during later life. Table 4 shows a descriptive analysis of the travel difficulties associated with carrying out-of-home activities cross-tabulated by the independent variables employed in the binomial logistic regression analysis. Travel difficulties are linked to gender, marital status, education level, household income, health conditions and car accessibility. As per access to transport and travel difficulties with transport modes, older women have more difficulties in carrying out activities than older men. Older people living alone or widowed have a higher percentage of travel difficulties, as the likelihood of having company and the chances of getting a lift are reduced compared to those living with a spouse/partner. Household income and education level suggest that the chances of experiencing travel difficulties are higher with lower incomes and education level.

Table 4 confirms that older people with health problems affecting their transport have more difficulties in carrying out activities, particularly walking difficulties. Similarly, car accessibility is linked with travel difficulties, particularly for those older people with no access to the car in their household and not driving. Interestingly, none of the built environment characteristics are linked with travel difficulties. Both regional and residential areas show little difference between older people experiencing and not having travel difficulties, although data indicate that the former live predominantly in urban contexts, in the Northern and Southern part of the country and are ageing in place (years lived in the local community).

Journeys to attend medical appointments, either hospital or general practitioner (GP), visiting other people and to undertake social activities were those in which older people experience more difficulties. Again, having health issues was the main barrier affecting the ability to carry out these three activities. Figure 5 shows also that the other main difficulties are related to bus usage, particularly in terms of service availability and reliability, and distance involved for the journey, especially to visit other people. Women experienced difficulties to carry out these three activities more than older men do. These difficulties were particularly emphasised regarding bus usage to carry out such activities.

		Travel difficult	ies with out	-of-home activitie	es
		Yes (<i>N</i> =660)		No (<i>N</i> =3365)	
	Value	Frequency	Percent	Frequency	Percent
Age	Age 60 - 74	364	55.2	2319	68.9
-	Age 75 and above	296	44.8	1045	31.1
Gender	Male	262	39.7	1616	48.0
	Female	398	60.3	1749	52.0
Marital status	Living w/a spouse/partner	398	60.3	2466	73.3
	Living alone/widowed	262	39.7	898	26.7
Education	Degree or above	120	27.3	545	23.7
	Other types of qualifications	319	72.7	1754	76.3
Employment status	Working full-time	41	6.2	411	12.1
	Working part-time	38	5.7	298	8.9
	Retired/other non-working	582	88.1	2655	79.0
Household Income	Less than £25,000	403	61.1	1739	51.7
	£25,000 to £49,999	160	24.2	976	29.0
	£50,000 and over	97	14.7	650	19.3
Years lived in the	Under 3 years	49	9.9	244	10.4
local community	Under 5 years	23	4.6	119	5.1
	Under 10 years	61	12.3	231	9.9
	More than 10 years	91	18.3	461	19.7
	Always lived here	272	54.8	1279	54.8
Context of	Urban	530	80.2	2559	76.0
residential location	Rural	131	19.8	806	24.0
Regional location	North	171	25.9	1008	30.0
	Midlands	129	19.5	619	18.4
	South	198	30.0	958	28.5
	East	85	12.9	399	11.9
	London	77	11.7	381	11.3
Health problems	Yes	266	40.2	544	16.2
with walking	No	395	59.8	2820	83.8
Health problems	Yes	240	36.3	399	11.9
with bus use	No	421	63.7	2966	88.1
Health problems	Yes	188	28.5	296	8.8
with car use	No	472	71.5	3069	91.2
Holding a	Yes	461	69.7	2110	62.7
concessionary pass	No	200	30.3	1254	37.3
Car usage	Yes	308	46.6	2400	71.3
as a driver	No	352	53.4	965	28.7
Car usage	Yes	74	11.2	350	10.4
as a passenger	No	586	88.8	3015	89.6
Car in the	One or more car	381	57.7	2750	81.7

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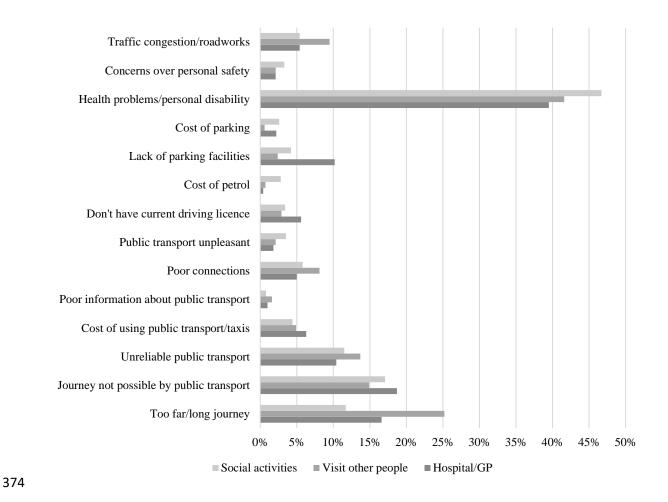


Figure 5. Travel difficulties affecting out-of-home activities

In addition to the descriptive statistics, a set of binomial logistic regression analyses was undertaken to evaluate the propensity of older people to experience travel difficulties and barriers while undertaking out-of-home activities. More specifically, the analysis looked at activities in general and for the three activities with most reported travel difficulties, *i.e.* journeys to hospital and GPs, visit other people and social activities. The results from the logistic regressions confirm some of the findings from the descriptive analysis, especially about the impact of health, poor access to transport resources and gender.

	Activities in general	Hospital and GPs	Visit other people	Social activities
	В р	В р	В р	В р
Age	-0.074	-0.025	0.115	-0.124
Gender	-0.297 **	-0.303 *	-0.194	-0.321*
Marital status	0.040	0.055	-0.061	0.051
Education	-0.046***	-0.038**	-0.020	-0.040 **
Employment status	-0.028	-0.137	-0.062	-0.175
Household income	0.049	0.103	-0.122	0.120
Length of residence	-0.031	-0.033	0.080	-0.030
Regional location	-0.043	-0.017	-0.026	-0.023
Context of residential location	-0.064	-0.166	0.145	-0.029
Health problems - Walking	0.439*	0.683**	0.858**	0.664 ***
Health problems - Bus	0.725 ***	0.617**	0.593*	0.606**
Health problems - Car	0.577 **	0.386	0.027	0.618**
Car usage - driver	-0.262	-0.359	0.400	-0.367
Car usage - passenger	-0.300	-0.274	0.535	-0.309
No access to the car	-1.136***	-1.031**	-0.194**	-1.122***
Holding a concessionary pass	-0.274*	-0.275	-0.079	-0.232
Concerns over personal safety		0.354	3.527*	2.687 **
Too far / long journey		2.063 ***	2.796***	1.375 *
Lack of parking facilities		3.788***	3.027	2.913**
Traffic congestion		3.234***	4.040 ***	1.731
Journey not possible by PT		2.616***	2.331 ***	1.614
Unreliable PT		2.988***	3.399***	1.552
Cost of using PT/taxis		2.918*	2.260**	-4.046
Poor connections		1.283	2.319**	2.150*
Model fit				
Chi-square	299	497	394	372
p value	0.000	0.000	0.000	0.000
R-square				
Cox & Snell	0.100	0.161	0.130	0.123
Nagelkerke	0.166	0.295	0.335	0.217

* p < 0.050; ** p < 0.010; *** p < 0.001

Table 5 shows that gender, education, health issues affecting walking and both bus and car usage, lack of access to a car in the household and not holding a concessionary bus pass were found to be predictors of experiencing travel difficulties while undertaking out-of-home activities in general. The regression analysis of the three selected activities produced similar results for the activities in general, although with some differences. Gender and education have an impact on journeys to hospital and social activities, but show no effect on visiting other

people. Health problems with walking and buses were found to affect all three activities, while health issues associated with car usage affected social activities. Health difficulties emerged to be associated also with wellbeing issues, as having concerns over personal safety affected visiting other people. Journeys to visit other people were also those affected the most from poor access to transport resources, as all variables but using the car as the main driver and holding a concessionary pass were found to be statistically significant. On the opposite, social activities were those less impacted in this sense, with travel difficulties being mainly impacted by public transport availability and reliability, in addition to no access to the car. Overall, all subjective indicators employed in the logistic regression analyses were found to be effective in predicting travel difficulties. This was particularly valid for journeys to visit other people, as all subjective indicators apart from lack of parking facilities were statistically significant. Moreover, the length of the journey, traffic congestion, unreliability and availability of public transport were the variables affecting all three activities.

4 Discussion

This study investigated the factors leading to experiencing travel difficulties amongst the older population in England and how the NTS is covering the issue of travel difficulties. The study contributes to the existing academic literature in several ways. First, it identifies poor health and wellbeing, lack of access to transport resources and gender as the main predictors to experiencing travel difficulties in later life. One-third of respondents aged 60 years old and above reported to have health impairments affecting both using transport modes and carrying out activities. Walking was the transport mode more affected in this regard, due to the implications of being an active travel option. Nonetheless, links of travel difficulties between both bus and car usage and health issues emerged from the analysis. Looking at the bus, the majority of the difficulties reported were related to health impairments/disability and included problems to reach and stand at the bus stop, boarding and alighting the bus and getting to and

from a seat. More than a third of those that stopped driving did so due to health reasons, which was also stated amongst the first five reasons for not driving more. Similarly, health was the main barrier to carry out activities, with around 40 to 45% of respondents experiencing travel difficulties to visit GP/hospitals, other people and family relatives in their houses and social activities. The logistic regression analysis confirmed the impact of health on the mobility of older people as difficulties in using the bus and walking due to impairment/physical disabilities, were found to be statistically significant in all activities investigated. Moreover, health-related difficulties with using the car were found to affect activities in general and social activities. Importantly, health-associated difficulties are not only a matter of physical impairments or disabilities, but also of wellbeing. Concern over personal safety emerged as one of the predictors for experiencing travel difficulties to visit other people and relatives and was stated amongst the main reasons for driving cessation (especially from women) and cycling more. The lack of access to transport resources is the second main factor contributing to experiencing travel difficulties. The role of the car for fulfilling travel needs in later life has been highlighted in the vast majority of studies investigating this topic (see Luiu et al., 2018a; Musselwhite and Haddad, 2010; Nordbakke, 2019, 2013; Nordbakke and Schwanen, 2015; Siren and Haustein, 2014; Ward et al., 2013). The analysis from the logistic regression indicates that not having access to a car in the household is a strong predictor of travel difficulties as it was found to be statistically significant for all the activities analysed. Interestingly, driving a car had opposite results. This finding suggests that when both driving role and access to the car are taken into account in the analysis, the latter is a stronger predictor for transport disadvantages. Moreover, it might explain why having family and/or friends that can ferry individuals around was the second most reported reason for not driving more. In this light, shifting from driving to being a passenger was identified as the preferred option for older people to carry out their activities in several studies looking at driving cessation and alternative ways of travelling (Davey, 2007;

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Kim, 2011b; Luiu et al., 2018c). However, a factor that rarely emerges from studies looking at the impact of the car on unmet travel needs or travel barriers is the understanding of how easy it is for those that do not drive to get a lift whenever they need or want. For example, Luiu et al. (2018a) highlighted that having access to the car in the household does not automatically imply the ability to use it, and found that a third of participants were not able to do so easily. Similarly to the car, poor access to public transport resources increases the chances of experiencing travel difficulties. Holding a concessionary pass for public transport or subsided token was found statistically significant to carry out activities in general. Moreover, public transport availability, unreliability and poor connections were amongst the most reported difficulties to carry out the three selected activities in the descriptive analysis and found to be significant in the regression analysis. Another interesting finding from the subjective indicators in the regression analysis was the impact of the cost of public transport and taxi in both carrying out medical journeys and visiting other people and relatives. The NTS survey does not make explicit which of the modes have more impact between the taxi and public transport. Nonetheless, this finding is in line with other studies indicating affordability as one of the main barriers to use the taxi (Luiu et al., 2018c; WS Atkins, 2001) and that such a mode is used sporadically for specific journeys such as attending medical appointments or special occasions (Glasgow and Blakely, 2000; Knight et al., 2007). Gender is the third main barrier leading to travel difficulties. Together with education, gender is the only variable from the Demographics domain showing statistical significance for all activities but visiting other people. The descriptive statistics show that older women experience overall more travel difficulties than their counterparts do. Data show that they have more health issues affecting mobility than men, especially for using the bus and going out on foot. The number of women with no licence was almost three times bigger than men, while in terms of

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car access they are at least twice as likely as men to not be the primary driver, just a passenger or not having access to a car in the household at all. Reasons for not driving more show also differences in gender, especially for getting a lift from others, safety and feeling nervous, and feeling too old for driving. These findings on driving cessation are in line with previous studies highlighting that while male drivers tend to drive until they are either stopped by doctors or health issues, older women are more concerned of other issues other than health and decide to give up driving spontaneously (Haustein et al., 2013; Hjorthol, 2013).

It is important to mention that experiencing transport difficulties does not automatically imply transport-related social exclusion or unmet travel needs, as it is still possible to fulfil travel needs or be socially included despite having such difficulties. Still, these findings indicate that older people at most risks of experiencing travel difficulties fit within the cluster that Luiu (2019) identifies as "unfulfilled seniors". This group is characterised by older people having unmet travel needs and consequently low engagement in activities and societal participation. Moreover, they are usually captive to public transport, flexible transport services or car passenger users, suffer from poor health conditions and more often are women and belong to the oldest cohorts of older adults.

Another important contribution of this study is the employment of subjective indicators in addition to objective variables to better explain which factors lead to experiencing travel difficulties. Kim et al. (2014) used subjective indicators (identified as latent factors) to investigate unmet travel needs amongst South Korean older adults. They carried out a set of logistic and ordinal regression analyses and found that the models with the latent factors were statistically superior to those without. Similarly, Nordbakke and Schwanen (2015) found that subjective indicators were considerably more effective to understand unmet travel needs compared to all the other variables involved in their analysis. Our findings are in line with these

two studies, as all subjective indicators were found to be statistically significant along with the binomial logistic regression analysis. This was particularly valid for those indicators related to quality and service provision of public transport and features of the built environment. In their review, Luiu et al. (2017) highlight that factors belonging to the built environment domain were the most controversial to understand unmet travel needs. The results from this study confirm that living context (region and urban/rural) does not affect travel difficulties, as found in previous research (Haustein and Siren, 2014; Hjorthol, 2013; Nordbakke and Schwanen, 2015; Scheiner, 2006). On the other hand, the built environment can increase the chances of experiencing travel difficulties when the quality of the infrastructure is poorly provided. The binomial logistic regression analysis shows that issues associated with lack of parking facilities, traffic congestion and long journeys are predictors for travel difficulties. Nordbakke (2013) found similar results, indicating that the quality of facilities can either be a barrier or option for mobility, depending on the level of the quality provided. These findings highlight the need for a deeper investigation beyond the living context to understand how the built environment affects travel needs, and subjective indicators can be a more effective way of doing so.

Finally, this study explored how the NTS is investigating the issue of travel difficulties and identifies potential gaps needed to be addressed. Four potential suggestions to improve the survey having in mind older people (and vulnerable groups more in general) emerged from the analysis. First, questions on travel difficulties should be included in the survey on an annual basis rather than every two years. Such a shift should allow for a more robust investigation of the topic, especially in terms of longitudinal analyses. Second, the activities investigated for travel difficulties should match with those asked in terms of purpose of travel. Shopping is the main activity older people undertake (Department for Transport, 2019), but the survey only investigates difficulties with using the car for food shopping trips, with the implication that other modes and types of shopping are not considered, and also different barriers to the other

activities are employed. Third, health-related difficulties investigated are only those associated with physical and mobility impairments/disabilities. Subjective evaluations of individuals' health and mobility, and more in general wellbeing, should also be taken into account when assessing travel difficulties (and mobility in general), as several studies found these as potential indicators for unmet travel needs (Haustein and Siren, 2014; Hjorthol, 2013; Luiu et al., 2018a). Lastly, the survey should draw largely from barriers identified in the literature looking at unmet travel needs and social exclusion to better understand potential travel difficulties. Barriers often overlooked that might provide a better understanding include time, adverse weather conditions, poor provision of built environment infrastructure such as lack of illumination, benches, toilet facilities and pavements, and fear of falling or being harassed (Luiu et al., 2018c).

5 Conclusions

This study used data from the NTS 2016 to identify the difficulties that older people face in their daily life in both using transport modes and undertaking out-of-home activities within the English context. It identifies suffering from poor health and wellbeing conditions, having poor access to transport resources (access to a car in the household, availability and quality of public transport) and gender as the main predictors for experiencing travel difficulties in later life. The findings from this study indicate a series of potential avenues for future policies, planning and interventions targeting age-friendly and inclusive transport and environments that will allow the increasing amount of older people to keep active and engaged in society. This particularly in a context where "ageing society" and "future of mobility" are two of the four UK grand challenges for research and innovation (Department for Business Energy & Industrial Strategy, 2019).

As transport-related variables alone are not enough to explain travel difficulties (and more in general unfulfilled mobility), there is a need to shift from a traditional, silo-based view and employ a more holistic and intersectionality-based approach to understand what affects and

shapes mobility in later life. The framework employed in this study provides a potential way of doing so, but more research needs to be done on this subject. Similarly, a focus only on realised mobility does not capture all potential mobility issues faced by individuals, especially of those belonging to vulnerable groups. Traditional surveys should incorporate questions looking at needed or desired journeys that for some reason are not achievable, so that both dimensions of mobility (fulfilled and unfulfilled) are taken into account.

The importance of the car for the independence and wellbeing of older people has been stressed in several studies looking at travel needs in later life, and this study confirms such a role. Still, there is a need to provide mobility beyond the car for those who cannot access, use and afford this transport mode. Planning driving cessation was found successful for reducing the risks of experiencing unmet travel needs and allowing those who stopped driving to improve their knowledge on using alternative transport options available for fulfilling their needs (Musselwhite, 2011). Improving individuals' attitude towards alternatives to the car represents another key factor for providing a less car-dependent transport system. Training schemes for public transport use, as well as direct involvement of older people through bottom-up citizen engagement, might be powerful interventions to overcome such a barrier.

Finally, this study showed that activity-based investigation can bring to evidence a more detailed insight associated with travel barriers. Scheiner (2006) indicated that a specific analysis of both discretionary and utilitarian activities might produce more evidence about older people's travel behaviour, needs and barriers, and Nordbakke (2019) confirmed such a hypothesis. In this sense, there is a need for more in-depth investigation about the role that discretionary activities play in later life as such activities are associated with unmet travel needs (Luiu et al., 2017), especially for those older people with poor access to transport resources.

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