

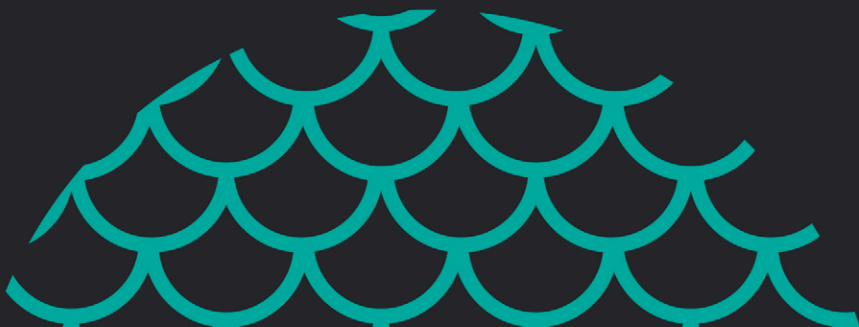


EMERALD POINTS

DESIGNING PUBLIC SPACE FOR AN AGEING POPULATION

Improving Pedestrian Mobility for
Older People

CHARLES B.A. MUSSELWHITE



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INTRODUCTION

Every single journey begins as a pedestrian. Yet being a pedestrian is poorly conceptualised, often overlooked and misunderstood. The term pedestrian is often associated with negative connotations, for example, to be pedestrian at something is seen as being unnecessarily slow and to be hampering progress. Our obsession in society with speed and with efficiency has come at a cost, mistakenly thinking that doing things slowly is always associated with increased cost or even doing something badly. But being slow can add depth and colour to our lives. Walking has a long history of being used to influence thought, reason and arts – For example Rebecca Solnit (2001) reminds us of the Aristotelian school in Ancient Greece, and the Romantic poets Wordsworth and Coleridge, taking their long countryside walks to inspire and influence their writing. A disconnection has been created between a fast modernist view of life, seeing walking as utilitarian, as a means to an end, against a slower movement, where all of life is enhanced by the journey itself. A movement known as *Citta Slow*, started in Italy, set up to promote the slowing down of urban life tries to preserve the heritage and history of place, and the traditional ways of doing things, while looking at ways of reducing traffic and noise that agglomerate in modern urban areas. Being a pedestrian, rather than using a car or even public transport, is part of this movement.

1.1 PROPOSITIONS

Pedestrian is an inclusive word. When using the word pedestrian in this book, I am including all forms of being a pedestrian, including those using mobility aids of different types and those not using them.

In terms of barriers to being a pedestrian, the stance taken is that if a pedestrian environment or area is inaccessible then it is disabling to people, rather than people's inability to use the environment. The emphasis here is then on the designer of the pedestrian area to be creative in order to accommodate the needs of the user, rather than the person having to adapt themselves to the environment. In reality there will be some adaptation, but this should be exceptional and minimal and accommodated and acknowledged in the design.

Although being a pedestrian can be seen as a form of transport, or even a transport mode, it is not exclusively so. It can also be an enjoyment of itself, whether as part of a journey to somewhere or just a walk for the sake of itself. The problem of conceptualising walking as a mode of transport is that it competes with other modes that can cover the same distance much quicker. In addition, because transport modelling, used to place resources for mobility in our towns and cities, has length of time as a cost, walking doesn't get the funding or concentration it should. The problem of not conceptualising it as transport mode is that it loses importance. Recreational mobility is always seen as discretionary and something successive governments are reluctant to pay for.

Pedestrian activity often occurs on the street. The street is a place of connectivity between home and outside space, hence a place for technologies (i.e. vehicles) and infrastructure to enable mobility to take place. Streets must therefore enable movement, but they are also places in themselves, and this creates a source of conflict. Traditionally such a space was overwhelmingly part of the 'home territory', a place to 'come home', a safe haven where residents' identity was reconfirmed a place to meet and for children to play (Engwicht, 2000). As Donald Appleyard (1981) writes,

People have always lived on streets. They have been the places where children first learned about the world, where neighbours met, the social centres of towns and cities, the rallying points for revolts, the scenes of repression... The street has always been the scene of this conflict, between living and access, between resident and traveller, between street life and the threat of death.

(p. 1)

These uses of the streets are in serious decline because of an increased amount of traffic at a local neighbourhood level, and a reduced use of the street by people on foot, resulting in reduced independence of children. For children, allowing street space for informal and negotiated play is important to

complement adult directed functional and formal structured play on playgrounds, pitches or playschemes (Hüttenmoser, Sahner, Schwendtner, & Deutsche Gesellschaft für Soziologie (DGS), 1995). However, older people need space for development and recreation as well, and streets must be treated as extensions of the home and allow playfulness for all ages, including old age (Spencer, Williams, Mahdjoubi, & Sara, 2013).

Hence, a street has many uses including the following:

- Being an extension of the home space
- Being a place of meeting
- Being part of the neighbourhood and community
- A place for walking and cycling
- A place to watch the world go-by
- The vehicular link between the road system and its end users
- A play area
- A car park
- A place for utilities (electricity, water, waste pipes, telephone and Wi-Fi cables) to be housed
- A place for public transport to stop and set down or pick up
- A place to site bins, lighting, bus stops and other street furniture
- A garden

All these functions have importance and legitimacy; the skill is to determine the balance of all these functions and allowing the pedestrian accessibility within all these differing functions. Tight (2017) notes how priorities on the streets tend to favour motorised modes of transport at the expense of people-based activity, leading to issues such as excessive noise, lack of space, along with narrow pavements and pavement parking, among other barriers, making pedestrian activity harder to accomplish.

1.2 INTRODUCING OLDER PEOPLE

Across the globe, we are living longer and healthier lives than ever. People are living longer than previous generations and there are more number of older

people making up the population than ever before, and this is set to increase and continue. There were over 700 million persons aged 65 years or over in the world in 2019. This is set to double to almost 1.5 billion by 2050 (UN, 2019). In 1990 people aged over 65 made up 6% of the total population; this now stands at 9% (UN, 2019). In the UK there are currently around 12 million people aged over 65 years, representing about 18% of the population (Office for National Statistics (ONS), 2019). By 2070 the number of people aged over 65 years will have increased by an additional 8.5 million people (ONS, 2019). By 2030, just over one in five people in the UK will be aged 65 or over, 6.8% will be aged 75+ and 3.2% will be aged 85+ (ONS, 2019).

Negative stereotypes of old age still prevail in many countries. Indeed, a very negative stereotypical sign ‘warning’ motorists of older people may be in the local pedestrian environment, as if they might be as dangerous as a slippery road or speeding (see Fig. 1.1). These negative stereotypes emanate from the



Photo: Author.

Fig. 1.1. UK sign ‘warning’ motorists that ‘elderly people’ might be a danger in the local area. This depiction stereotyping older people as being hunched over and in need requires challenging.

idea that as we age we become fragile and need protecting. This paternalistic view is coupled with the notion that such frail people couldn't possibly add anything productive to society themselves. Hence, these negative stereotypes are fuelled by a belief that as we age we take more from society than we contribute. In fact as WRVS (2011) point out, older people make a net contribution of 1.29:1 financially, when accounting for the work older people do in social care, childcare, volunteering, bequests to voluntary sector organisations, gifts and donations, savings for grandchildren and asset transfers to family members, employment taxes paid by employees, capital gains tax, inheritance tax, taxes on expenditure and other taxes against pension, health and welfare costs.

There are many issues with understanding ageing only in terms of a deficit model, looking at what is lost as we age, compared to what has been gained. Largely based around a medical model approach, where deficits in eyesight, hearing, muscle tone, balance and gait are seen negatively and as something extraordinary to the norm, and something to improve and make better. Instead, it should be viewed that these changes in all of our bodies as we age, albeit at different rates, are a quite ordinary part of ageing and rather than adapting the person, adaptations to the environment should be required.

Older people are more likely to have issues that make getting out and about and being a pedestrian more difficult. People's likelihood to have a long-standing illness, defined as a long-term debilitating illness or disability for which there is no cure that reduces the person's ability to meet their needs, for example asthma, chronic obstructive pulmonary disease (COPD), hypertension and diabetes, increases as they age (Melzer et al., 2015). It is estimated around 4 million older people in the UK have a long-standing illness (equating to 40% of all people aged 65+) (Horsfield, 2017). Over 54% of older people aged over 65 years in the UK have multi-morbidity, the presence of two or more long-standing illnesses and it increases to 69% for those aged 85 or over (Kingston, Robinson, Booth, Knapp, & Jagger, 2018). Older people are more likely to live with frailty, defined as a long-term condition where body processes lose their ability to work well efficiently, meaning older people are more likely to be severely injured or die from illnesses, collisions or accidents that wouldn't have effected younger people anywhere near the same extent. Around 6.5% of people aged 60–69 live with frailty, which increases to 65% of those aged over 90 (Gale, Cooper, & Sayer, 2015). A total of 93% of those living with frailty have mobility difficulties compared to only 58% of non-frail individuals (Gale et al., 2015). Falls become more common in later life and are the largest cause of

emergency hospital admission for older people (see PHE, 2017). A third of people aged 65 and over and half of people aged 80 and over fall at least once a year (see PHE, 2017).

Older people are also more likely to face sensory loss. About one in five people over the age 75 are living with sight loss in the UK, rising to one in two of over 90-year-olds (see Age UK, 2019). Just over 40% of people over 50 years old have hearing loss in the UK, rising to 71% of those aged over 70 (see Age UK, 2019). Dementia, affecting memory, speech and other aspects of cognition, affects about 850,000 people in the UK, of which about 75–80% are aged over 65, and this is set to rise to over 1 million by 2025 and 2 million by 2051 (see Age UK, 2019).

Though it is worth noting, some older people age a lot more healthily than others. This huge variation makes it very difficult to view ageing as a homogenous activity.

Older people do struggle to access the things they need more than younger people do. Figures vary between countries, but in Great Britain research suggests as many as 1 in 10 older people aged over the age of 70 years ‘feel trapped’ in their own homes through lack of suitable transport after giving-up driving (WRVS, 2013). In addition, 12% of this age group can’t easily access supermarket, 14% can’t access the post-office, 12% can’t easily access the GP surgery and 25% can’t easily access hospital. Yet, these changes in physiology do not always have to go hand in hand with problems with accessibility, if we just thought more about older people and what they need. Lazy stereotypical language and a failure to understand that chronological age is a poor indicator of what is actually needed hampers a quality public policy response (Dixon, 2020). Overall, more understanding of the ageing process is needed, both in terms of medical and physiological changes and also in terms of the social environment within someone ages.

1.3 WALKING PREVALENCE AMONGST OLDER PEOPLE

Increased use of private vehicles means the average distance walked per person per year has fallen over the last 20 years in many Western countries (Muselwhite, 2018b). However, Lyons (2020) notes the potential in a walking renaissance, with more walking trips taking place, especially those under 1 mile over the past 5 years to the year 2020 in the UK. Yet among older people, there has been a continuous decline in walking over the past 20–30 years in the

UK. About 9% of all journeys made by over 65 years olds are by foot in the UK, Germany, France and the United States. Contrast this to Denmark where 15% of people aged between 60 and 84 years walk for journeys and in the Netherlands where 23% of all trips are made as a pedestrian for those aged 60–84 years. This is largely agreed to be due to years of investment in infrastructure making walking and also cycling normal and easier to do in countries such as Netherlands and Denmark compared to more car-centric places like the UK and US (Pucher & Buehler, 2012). In many low- to middle-income countries, high levels of walking are still the norm amongst older people, especially for those from lower socio-economic backgrounds (Prohaska, Anderson, & Binstock, 2012).

Alarming, in many high income countries, almost half the pedestrians killed on the roads are people aged over 70. In the UK, for example, nearly 12% of the population are over 70 years of age, and they account for almost 9% of pedestrian activity, yet they account for almost 44% of all pedestrian fatalities (Musselwhite, 2018b). Data from Australia, France, the UK and the Netherlands, all note the majority of pedestrian-vehicle crashes occur with older people when they cross the road, with failure to judge vehicle speed as the most common cause (DfT, 2015; Domnes, Cavallo, Baptiste Dubuisson, Tournier, & Vienne, 2014). This is similar in many other countries (see PROMISING, 2001 for more detail). This shows that there is an immediate need to improve the road environment for older people, especially when interacting and sharing the space with vehicles, such as crossing the road (Musselwhite, 2018b).

1.4 THE BENEFITS OF BEING A PEDESTRIAN

Benefits to individuals of being a pedestrian include improvements to both physical and mental health. In addition, there are benefits to community and neighbourhoods when people are walking in their local area.

1.4.1 Physical Benefits

Older people's levels of physical activity decline with age, for example, 48% of persons in England aged 75–84 and 71% of over 85-year-olds are inactive (defined as that they do less than 30 minutes of activity per week; Sport England, 2018). Walking can be a great source of physical activity as it doesn't require specific training or equipment and its affordable and

convenient (Lee & Buchner, 2008; Morris & Hardman, 1997). Regular walking or cycling can reduce cardiovascular disease by around 30% and reduce all-cause mortality by 20% (Hamer & Chida, 2008), through reducing the risk of coronary heart disease, stroke, cancer, obesity and type 2 diabetes (NICE, 2012). It also keeps the musculoskeletal system healthy, keeps joints flexible, improves balance and coordination and can reduce potential for falls (NICE, 2013). Walking in several short sessions per week appears more effective than one long session (Legrand & Millem, 2009).

1.4.2 Mental Health and Wellbeing Benefits

Walking can have a positive influence on mental health and well-being, through improving self-esteem, physical self-worth, stress and mood (Roe & Aspinall, 2011). Research suggests walking in later life can reduce anxiety and depressive symptoms (Legrand & Millem, 2009). Older people themselves report feeling both physically and mentally better. Research I have carried out supports that with older people for example saying,

The walking makes me feel better I suppose. I feel less stiff and even though I might feel tired afterwards I feel sort of refreshed. I don't feel that driving, I always got stressed about parking and the traffic and it became such a worry.

(female, walker, aged 80; Musselwhite, 2018a)

1.4.3 In-depth Connections to Local People and Place

The benefits of being a pedestrian can result in individuals spending longer in their immediate environment. This can result in creating thicker connections with places, of being able to understand them and become connected to them and thus displaying the underpinnings of creating place and of developing attachments to place. As Clayton and Musselwhite (2012) note, people explore their local environment and communities more as a pedestrian and as a result form deeper attachments to them; the spaces are more likely to become thick with meaning and become places with stories and history pertinent to the people who use them.

In addition, people have more chances for encountering others, when they walk, with people from a variety of different backgrounds. The chance to meet people and connect with people from the local area is invaluable and fosters a sense of social connection. It enables people to see areas differently, and for