

Project Final Report

A systematic review of qualitative studies of older people's experiences of everyday travel

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Preface: What the project adds to knowledge

It is increasingly recognised that everyday behaviours can have both health and environmental impacts. We focus on one of these behaviours: travel behaviour. Among adults in the UK, walking is the main type of physical activity – and is also a mode of travel which protects the environment. However, most journeys in the UK are by car, a sedentary mode of travel with high environmental costs.

Our project is concerned with the everyday travel experiences of older people aged 60 and over. With demand for health and social care concentrated in this age group, enabling older people to remain active and healthy is a key government priority. Compared to younger adults, older people spend more time in their local environment and depend more heavily on its pedestrian and public transport infrastructure. However, there have been no systematic reviews of their experiences of everyday travel. Our project fills this gap.

We undertook two systematic reviews of UK qualitative studies focused on the experiences of older people living in urban and in rural areas. In line with the wider population, the majority of older people live in urban areas; however, they represent a larger proportion of the rural population. Transport systems and travel behaviour are very different in the two settings. In rural areas, travel-to-destination distances are longer, bus services are poorer and car ownership is more common, reaching over 90% among those living in villages, hamlets and isolated dwellings.

Both reviews highlighted the centrality of everyday travel for older people. They confirmed its instrumental importance; it enabled older people to get to food shops, healthcare appointments, social hubs and places of worship as well as to visit family and friends. Everyday travel therefore made an indirect contribution to their health via the resources to which it provided access. However, what came out more strongly was the intrinsic importance of travel and its direct contribution to their health. The act and process of travel affirmed – or undermined – older people's capacity to lead independent lives and to engage in the public spaces and social worlds beyond the home. It is this broader contribution of everyday travel to quality of life in older age that our project highlights.

1 EXECUTIVE SUMMARY

Background

With chronic disease and climate change taking an increasing toll on population health, governments are recognising that these challenges share common causes in the lifestyles typical of high-income societies. For example, everyday travel behaviour – walking, using public transport or using the car – have both health and environmental impacts; in consequence, measures to support active travel and the use of public transport can both promote people’s health and protect the environment.

This stronger inter-sectoral perspective has been coupled with an appreciation of the contribution of qualitative research to policy-making. Focused on people’s everyday lives, qualitative studies can provide insight into the experiences of the communities whose lifestyles policy-makers and practitioners seek to influence. Systematic reviews that bring together findings from multiple studies are particularly highly valued; such reviews are regarded as the premier source of evidence for policy-making.

In providing such evidence, we focus on older people aged 60 and over. One in four of the UK population is in this age group, and the proportion is projected to increase rapidly over coming decades. While the majority of older people are in good health, the prevalence of limiting illnesses and mobility difficulties is much higher than in the wider adult population. It is therefore among this age group that need for health and social care is concentrated. This concentration of need has put ‘healthy ageing’ at the centre of the implementation of the NHS Five Year Forward View (NHS, 2017) and of England’s wider public health strategy (PHE, 2017b), an ambition to be achieved by supporting active lives, independence and social engagement in older age.

Everyday travel is recognised to be a key resource for enabling people to enjoy older age and to maintain their health, independence and social connections. Older people are more reliant on local transport systems than other adults. They are less likely to drive and travel by car and therefore depend more heavily on the pedestrian and public transport infrastructure, an infrastructure that may be ill-adapted to their needs. Yet walking, along with housework, is their major form of physical activity; physical inactivity, in turn, is a risk factor for the conditions – heart disease, stroke and cancer - that lie behind the age-related increase in ill-health.

Much of the evidence is quantitative and defines personal travel as an instrumental activity; it is an activity undertaken to get people to the places they want to reach. For example, the National Travel Survey defines ‘personal travel’ as ‘the trips people make in order to reach a destination’; a trip is ‘a course of travel with a single main purpose’. While qualitative studies can provide insight into older people’s views and experiences of personal travel, the evidence has not been brought together in a systematic way. Our project fills this gap.

Aims

The project's aim is to deepen knowledge and understanding of older people's experiences of everyday travel. We define this as travel undertaken on a frequent and routine basis as part of people's everyday lives (rather than periodic travel like holiday). We address this aim by undertaking two systematic reviews of UK-based qualitative studies focused on older people living in urban areas and in rural areas.

In line with the wider population, the majority of older people live in urban areas; however, they represent a larger proportion of the population in rural areas. Transport systems and travel behaviour are very different in the two settings. In rural areas, travel-to-destination distances are longer, bus services are poorer and car ownership is more common.

Design and Methods

Both reviews followed standard guidance on undertaking reviews (Centre for Reviews and Dissemination (CRD), 2009). The reviews are reported according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and the Enhancing Transparency in Reporting the Synthesis of Qualitative Research statement (ENTREQ) (Tong, Flemming, McInnes, Oliver, & Craig, 2012).

For both reviews, eligible studies:

- (i) included people aged ≥ 60 years resident in the UK
- (ii) used a qualitative research design to gather older people's views and experiences of everyday travel in their local environment.

We undertook a single search for the two systematic reviews. This focused on studies published in English-language journals between 1998 and 2017, using search terms related to qualitative methods, older people, travel and the local environment. Articles identified in the searches were screened by title and abstract to identify UK studies published in peer-reviewed journals.

For both reviews, we used thematic synthesis, a method of analysis widely used for qualitative systematic reviews. Firstly, data (both participant accounts and authors' interpretations) were extracted and coded. Secondly, codes and their supporting data were reviewed to identify related codes which could be grouped into broader descriptive themes. Thirdly, informed by these descriptive codes and the papers from which they are derived, overarching analytic themes were identified.

For both reviews, the themes were shared with project policy advisors. The advisors were senior officers and practitioners working in local health, older people and environment

services, together with the lead for older people's transport and health at a major UK charity; their feedback was incorporated into the analyses.

Main Findings

Together, the studies in the reviews drew on the experiences of over 1000 older people. Both reviews pointed to the instrumental importance of everyday travel in facilitating (or preventing) access to key health resources (e.g. food shops, healthcare appointments) and social networks (e.g. visits to family and friends). However, what came out more strongly was the intrinsic importance of travel for older people's quality of life.

In the urban review, four themes were identified. The first two themes related to the value older people attached to 'getting out' and to being a self-reliant traveller, while the third and fourth themes related to the importance of the local environment and its travel systems in enabling older people to experience these intrinsic benefits of local travel. Across the four themes, walking and bus travel stood out for their potential to realise both the instrumental and psychosocial benefits of everyday travel.

Three themes were identified in the rural review. The first theme focused on the inadequacies of the local transport system, an experience summed up by the phrase 'no car, no transport'. The second and third themes related to the importance of everyday travel in determining whether older people could lead the lives they wished to lead and could do so in ways that affirmed and demonstrated their independence and self-reliance. While other modes of travel were discussed, it was car dependence that dominated older people's accounts.

Looking across the two reviews, the local travel system featured prominently. Bus travel was discussed in both reviews, including the importance of concessionary bus travel at non-peak times (the 'bus pass'). Both reviews noted the importance of the social worlds opened up by the act of everyday travel: by walking and by travelling by bus (both reviews) and by using community buses and direct response transport (rural review).

In both reviews, older people described the importance of the local environment. They noted how local amenities and, in particular, food stores, newsagents and post offices, increased their motivation to, and enjoyment of, travel. However, a common experience was of the lack and loss of these local amenities. Other environmental features were also discussed. In both reviews, this included the pedestrian infrastructure (for example, safe walkways that kept pedestrians away from traffic). In addition, the urban review noted the importance of the visual appearance of the local neighbourhood, including natural features like flower tubs, flower beds and front gardens, and personal safety, for example a fear of going out at night and walking in areas frequented by groups of young men. These fears and concerns were not mentioned in the rural studies

Conclusions

Our project points to the intrinsic value of everyday travel for older people and its contribution to their health and wellbeing. While everyday travel – on foot, by public and community transport and by car – facilitated access to health-related goods and services (for example, food shops and health services), it was its broader contribution to quality of life in older age that came out from the two reviews.

Our project policy advisors underlined the importance of this message. They commented on the potential for enhancing the enjoyment of local travel, a dimension of local planning that was easily side-lined in the drive to reduce costs, and noted how a greater emphasis on the psychosocial benefits of ‘being out and about’ in one’s local area could both improve individual quality of life and enhance community cohesion. This perspective is in line with wider developments in UK policy for older people where there is an increasing emphasis on transport as a way of improving mobility and social connectivity.

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2 BACKGROUND

2.1 Background: behaviours with health and environmental impacts

The lifestyles typical of high-income countries underlie the chronic diseases that account for the majority of premature deaths in the UK (WHO, 2011). With the global adoption of these lifestyles, non-communicable disease has replaced communicable disease as the leading cause of ill-health and premature mortality worldwide (Lim et al., 2012; Lozano et al., 2012).

Among the lifestyle risks are physical inactivity and unhealthy diets, behaviours with high population prevalence. In England, nearly 4 in 10 adults do not meet government recommendations for physical activity (Sport England, 2017b) and 7 in 10 do not meet dietary recommendations (PHE, 2017a). Taking physical activity as an example, walking is the main type of physical activity (Sport England, 2017b), a travel mode that has declined in line with the increase in car ownership. As car use has increased, so too has investment in transport systems that support car travel, a process which, in turn, has reinforced the shift from alternative modes of travel, including walking (Pooley, Turnbull, & Adams, 2017). Those without access to a car, including those reliant on public transport, have higher levels of walking and of physical activity (Davis, Fox, Hillsdon, Coulson, et al., 2011).

The lifestyles originating in high-income countries like the UK are also central to environmental and climate change (Graham & White, 2016; Pretty, 2013). Key among these are changes in travel patterns, and the shift from active modes of travel to motorised travel in particular, and changes in diet, particularly the shift from plant-based to animal-sourced diets (Poore & Nemecek, 2018). Again taking the transport sector as an example, cars are the dominant travel mode in the UK, whether measured by share of journeys or distance travelled. Globally, the transport sector now accounts for around 25% of CO₂ emissions – and car ownership is predicted to grow substantially over the next 30 years (OECD International Transport Forum, 2017). Modelling the effects of increased active travel (walking and cycling) and lower-emission motor vehicles points to substantial reductions both in the burden of chronic disease and in carbon emissions (Woodcock et al., 2009). Similarly, shifting the typical UK diet towards one that is more environmentally-sustainable (lower intake of ruminant meat, other meat and dairy products and higher intake of plant-based foods) would improve the population's nutritional intakes and, at the same time, reduce the associated greenhouse gas emissions (Green et al., 2015).

As this evidence suggests, addressing the lifestyle causes of chronic disease like travel and dietary behaviour has the potential to contribute to both population health and environmental sustainability (Graham & White, 2016). When thinking about single policy sectors, for example public health, the term 'ancillary benefits' is often used to describe beyond-sector impacts. However, for those taking an inter-sectoral approach, the term 'co-benefits' is widely used (Intergovernmental Panel on Climate Change (IPCC), 2007). While

the concept lacks precision, it signals an appreciation that interventions addressing challenges in one policy field – for example, unhealthy lifestyles - can have effects across multiple policy domains. Such co-benefit perspectives are increasingly used in the transport and environment sectors, particularly in relation to climate change mitigation (Mayrhofer & Gupta, 2016). UK examples include London’s Healthy Streets programme (TfL, 2017) and the alignment of Scotland’s transport policy with its Climate Change Plan (Transport Scotland, 2018), National Walking Strategy (COSLA and Healthier Scotland, 2014) and Cycling Action Plan (Transport Scotland, 2017). Beyond the UK, examples include initiatives to mainstream co-benefit approaches by linking transport, health and sustainable development (Fabian, 2009; Institute for Global Environmental Strategies (IGES), 2011).

Most of the evidence on behaviours with health and environmental impacts comes from quantitative studies (Hutchinson, Prady, Smith, White, & Graham, 2015). However, the contribution that qualitative evidence can make to the policy-making process is increasingly recognised (Langlois, Tunçalp, Norris, Askew, & Ghaffar, 2018). Such evidence is seen as particularly useful in providing insight into the perceptions and experiences of those whose lifestyles policy-makers and practitioners seek to understand and influence (NICE, 2008). For example, in its advice on promoting physical activity, NICE recommends that travel policies and implementation plans should ‘take account of the views and needs’ of local people, including those who walk, drive and use public transport (NICE, 2008).

Along with the increasing recognition of qualitative evidence has been a growing appreciation of the value of evidence syntheses. Systematic reviews that bring together the findings from multiple studies are increasingly prioritised by the policy community; such overviews are seen to be ‘way ahead of any other academic contribution to policy-making’ (Whitty, 2015). Amplifying this point, a recent review concluded that ‘an accurate, concise and unbiased synthesis of the available evidence is arguably one of the most valuable contributions a research community can offer decision-makers’ (Donnelly et al., 2018).

Against this background, the project’s aim was to undertake two systematic reviews of qualitative studies of behaviours with health and environmental impacts. It was envisaged that the two reviews would focus respectively on travel behaviour and on diet. In line with the project proposal, the first phase of the project involved scoping these two areas to refine the focus of the reviews.

2.2 Refining the project focus

The project therefore began by assessing the potential for two systematic reviews of qualitative studies related to dietary and travel behaviours.

This initial stage pointed to the challenges and limitations of a review of dietary behaviours; at the same time, it highlighted important gaps relating to travel behaviours, and to older people's experiences of everyday travel in particular. We therefore sought and secured approval to focus both systematic reviews on everyday travel. Because of the marked differences in travel patterns in rural and urban areas, the reviews focused respectively on older people's experiences of everyday travel in urban and rural areas. An initial search for qualitative studies indicated sufficient studies to support a UK focus for both reviews.

The process through which the project's focus was refined and revised is detailed in sections 2.3 and 2.4 below.

2.3 The focus on travel behaviour

To refine the project's focus, we reviewed the evidence on the health and environmental impacts of dietary and travel behaviour.

Dietary behaviours. It proved challenging to identify a suitable focus for a systematic review of qualitative studies. In comparison to travel behaviour, the parameters of a healthy diet with a small environmental footprint are hard to define. For example, a healthy diet would be one low in sugar. However, the environmental impacts of sugar production – for example, habitat clearance and overuse of water and chemicals – are ones common to foods with high nutrient quality, including rice and cereals (World Wildlife Fund (WWF), 2005). As another example, a healthy diet could be one that replaces meat with fish, a health benefit that would need to be balanced against the environmental costs of fish farming and the fragile state of many wild-catch fish stocks (Pauly et al., 2002; Thurstan & Roberts, 2014).

Adding further complexity, sustainable diets are ones with a high proportion of plant-based foods that are organic, locally-sourced and in-season. This would point to a systematic review of qualitative studies of people adhering to a vegan diet, particularly those who prioritise the consumption of locally-produced foods. While our initial scoping exercise identified qualitative studies of vegans and vegetarians, they represent a very small proportion of the population. Less than 1% of England's adult population report being vegans and only 2% report being vegetarian or vegan (PHE, 2017a). Studies indicate that this group have distinctive social characteristics, including stronger health and environmental motivations than other adults (Hutchinson et al., 2015). We concluded that a review of their experiences would be unlikely to make a significant contribution to the evidence base for population-level policy making.

Travel behaviours. Our initial search revealed a rich seam of qualitative studies related to everyday travel. The studies described people's experiences of healthier and

environmentally-sustainable modes of everyday travel, like walking, as well as sedentary modes of travel, like car use, with a high environmental footprint. We identified a number of qualitative studies relating to children's travel-related behaviour, and established that there were already a number of existing reviews (Brunton et al., 2005; Carver, Timperio, & Crawford, 2008; Lorenc, Brunton, Oliver, Oliver, & Oakley, 2008). We also located a number of qualitative studies of older people's travel behaviour, including UK studies of older people in both urban and rural areas. However, we found no systematic reviews of these studies, pointing to an important gap that our project could fill. Further scoping work confirmed that there were sufficient UK studies to support separate reviews of older people's travel in urban and rural areas.

2.4 The focus on older people

Older people represent a large and growing proportion of the population. In the UK, 24% of the population is aged 60 and over, a proportion projected to rise to nearly 30% by 2035 (ONS, 2015). In line with the wider population, the majority of older people live in urban areas (Guell & Ogilvie, 2015). However, older people represent a larger proportion of the population in rural (24%) than urban (16%) areas. In sparsely-populated rural areas, the proportion of older people is higher still; in these sparsely-populated areas of England, nearly three in ten of the population (28%) are 65 and over, over twice the proportion of young adults (13%) residing in these areas (DEFRA, 2018).

The local environment and its transport system affect the quality of everyone's lives but are particularly important for older people (Gabriel & Bowling, 2004). Compared to younger adults, those aged ≥ 60 spend more time in their local neighbourhood (Buffel, Phillipson, & Scharf, 2012). In addition, studies point to their deep attachment to their local surroundings, including place-based memories and an enduring sense of belonging to areas in which they may have lived for most of their lives (Bowling & Stafford, 2007). This 'place attachment' can intensify over time, particularly if mobility difficulties result in 'spatial constriction', a process in which everyday life becomes progressively confined to 'the spaces of the community and home' (Doheny & Milbourne, 2014). Older people are also more likely to live alone and, as studies have noted, the home can be experienced as a place of loneliness and social isolation. Not surprisingly, a range of outcomes, including self-rated health, physical functioning, mental health, physical activity and quality of life, are associated with the physical and social environment in which older people live (Bowling, 2018; Weden, Carpiano, & Robert, 2008).

Spatial constriction also means that older people are more reliant on local transport systems than other adults. They are less likely to drive and travel by car (Olanrewaju, Kelly, Cowan, Brayne, & Lafortune, 2016) and therefore depend more heavily on the pedestrian and public transport infrastructure. At the same time, this infrastructure may be ill-adapted to their

needs. While most older people rate their health as good, the proportion in poor health and with mobility restrictions increases sharply with age (Knott, 2014), as does the use of health and social care services (NHS Digital, 2017). In addition, it is conditions for which physical inactivity is a risk factor – heart disease, stroke and cancer - that lie behind the age-related increase in ill-health.

Levels of physical activity decline in later life (Bauman, Merom, Bull, Buchner, & Fiatarone Singh, 2016); those aged 60 and over are less likely to be physically active and to engage in active forms of travel like walking and cycling (Hutchinson, White, & Graham, 2014). Data for England suggest that 30% of those aged 65-74, and over 50% of those aged 75 and over, take less than 30 minutes physical activity a week (Sport England, 2017a), a category that includes walking for travel and leisure, which, along with housework, is their major form of physical activity (Sport England, 2017a). As this suggests, physical activity is undertaken as part of the tasks that make up everyday life – shopping, accessing essential services, visiting friends and family etc. (Davis, Fox, Hillsdon, Coulson, et al., 2011). In a British study of those age ≥ 70 , undertaking more trips was associated with more physical activity (more steps per day) (Davis, Fox, Hillsdon, Sharp, et al., 2011). Those who used the car for these everyday trips did less daily walking and less moderate to vigorous physical activity (MVPA) a day than those who walked/cycled and those who used public transport (Davis, Fox, Hillsdon, Coulson, et al., 2011). Minutes of daily walking and MVPA were highest for those using public transport as their main trip mode; as the authors note (Davis, Fox, Hillsdon, Coulson, et al., 2011), this suggests that walking undertaken as part of trips by public transport ‘may be made at brisk pace’.

Additional evidence on older people’s travel behaviour comes from the field of transport research and, in particular, the annual National Travel Survey (NTS) (DfT, 2016a). Older age groups make fewer trips of shorter distances than younger age groups; however, those aged ≥ 70 years are still averaging two trips a day. In line with population patterns, the main mode of travel for older people (both aged 60-69 and aged ≥ 70) is the car, followed by walking and bus travel. Among both age groups, the average number of bus trips is higher and the average number of trips by car is lower than among younger adults. Travel patterns recorded by the NTS point to marked age differences in ‘trip purpose’, with a sharp reduction in work-related travel (commuting) among those aged ≥ 60 . Instead, the major reason for travel is for shopping, followed by ‘personal business’ and ‘visits to friends’.

Surveys like the NTS point to the contribution that everyday travel makes to older people’s wellbeing by facilitating access to important health-related resources, including shops and visits to friends. However, they are framed by an instrumental view of travel; it is an activity undertaken to get people to the places they want to reach. Thus the NTS defines personal travel as ‘the trips people make in order to reach a destination’; a trip is therefore ‘a course of travel with a single main purpose’. While this instrumental perspective is clearly important, it can obscure the meaning that people attach to the act and experience of travel

itself. As our reviews brought out, everyday travel is much more than a means to an end; the experience of travelling in one's local area has intrinsic value in itself.

3 AIMS OF THE PROJECT

The project's aim is to deepen knowledge and understanding of older people's experiences of everyday travel in the UK. We define this as travel undertaken on a frequent and routine basis as part of people's everyday lives (rather than periodic travel like holiday).

We addressed the project's aim by undertaking two systematic reviews of UK-based qualitative studies of older people living in urban areas and in rural areas.

Both reviews included UK studies only. As noted in section 2.2, travel systems, and therefore people's travel behaviour, vary between countries. For example in the US, low-density housing and limited public transport have resulted in the greater dominance of car travel than in the UK, where a larger proportion of the population use public transport and active travel modes (DfT, 2016b; DfT, 2006). Our project is part of a programme of work to inform and support policy in England; a review based exclusively on UK studies is therefore likely to offer evidence of greater relevance and applicability for UK policy than a review that includes studies conducted in countries with very different travel patterns.

Within the UK, there are marked differences in the transport infrastructure and patterns of travel behaviour in rural and urban areas, with poorer public transport systems in rural areas where distances to services, including food shops and healthcare facilities, are also greater (Hutchinson et al., 2014) . We therefore conducted separate systematic reviews of the experiences of everyday travel of older people living in urban and rural areas.

4 OVERVIEW OF DESIGN AND METHODS

4.1 Introduction

Both reviews followed standard guidance on undertaking reviews (CRD, 2009) and are reported according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and the Enhancing Transparency in Reporting the Synthesis of Qualitative Research statement (ENTREQ) (Tong et al., 2012). We selected ENTREQ as it is currently the only set of guidelines written specifically for reporting qualitative evidence syntheses (Flemming et al, 2018)

, and is listed as the reporting guideline to be used by the EQUATOR network, the international repository for reporting guidelines for all research methods - <https://www.equator-network.org/>.

The two reviews were registered on PROSPERO (CRD42017068825 and CRD42018086275, see Appendix A1).

Full details of the design and methods of the two systematic reviews are given in section 5 (older people's experiences of everyday travel in the urban environment) and section 6 (older people's experiences of everyday travel in rural areas).

4.2 Search strategies

We undertook a single search for the two systematic reviews. We searched for studies published in English-language journals between 1998 and 2017, using search terms related to qualitative methods, older people, travel and the local environment. As indicated in the search details in Appendix 2, we did not use a search filter for age or any age limits as there is no universal definition of "old". (For example, MEDLINE tags records with Middle Aged when studies are dealing with people aged 45 to 64 but this is not always consistent and there is therefore a risk that relevant studies are not identified when filters or limits are used.

We searched health, social science, age- and transport-related databases: MEDLINE, CINAHL Plus, Scopus, TRID (Transport Research International Documentation) and AgeINFO (the search strategy is detailed in see Appendix A2). These electronic searches were supplemented by hand searches of key journals (Journal of Planning Literature, Built Environment and the Journal of Transport and Health), and by undertaking reference checks of earlier systematic reviews identified through the initial scoping stage of the project. We also contacted UK researchers in the field of older people and travel behaviour to ask for suggestions of studies we may have missed.

4.3 Screening of studies

Articles identified in the searches were screened by title and abstract to identify UK studies published in peer-reviewed journals.

4.4 Inclusion and exclusion criteria

For both reviews, eligible studies:

- (iii) included people aged ≥ 60 years resident in the UK
- (iv) used a qualitative research design to gather older people's views and experiences of everyday travel in their local environment.

For both reviews, we excluded studies where participants were recruited based on their health condition (e.g. studies of people with diabetes).

For the urban review, we included studies in urban/suburban areas (based on the authors' definition). We included studies that included participants living in rural areas where the experiences of older people in urban/suburban areas were separately reported. Where the residential location of participants was unclear, we contacted the study authors for clarification.

For the rural review, we included studies in rural areas (based on the authors' definition). We included studies that included participants living in urban/suburban areas where the experiences of rural residents were separately reported. In no studies were the residential location of participants unclear.

For both reviews, the age cut-off of 60 and above was pragmatically determined by the studies in the review. Half (13) the total studies (26) in the two reviews recruited participants who were either 60 and over or slightly younger or older than 60.

4.5 Data extraction and quality appraisal

We used a standard form for data extraction (covering aims, study details, data collection and analysis methods, key results, and conclusions).

We assessed the quality of studies using the appraisal tool developed by Hawker et al (Hawker, Payne, Kerr, Hardey, & Powell, 2002) which can be accessed at <https://journals.sagepub.com/doi/10.1177/1049732302238251>. Selected from over 100 tools available, it is a well-established tool for appraising the quality of qualitative studies

for inclusion in a systematic review and it meets the requirements for a tool to assess methodological limitations as detailed by the Cochrane Qualitative and Implementation Methods Group in their recent guidance (Noyes et al., 2017). We did not weight papers by their by quality appraisal score. However, for both reviews, we conducted a sensitivity analysis, excluding low-scoring papers from the thematic synthesis to determine their influence on the codes and descriptive themes. None of the low-scoring studies made a significant contribution to the results in terms of unique codes or descriptive themes.

4.6 Data synthesis

For both reviews, we used thematic synthesis, a method of analysis widely used for qualitative systematic reviews (Thomas & Harden, 2008). Thematic synthesis has three stages. Firstly, data (both participant accounts and authors' interpretations) were extracted and coded. Secondly, codes and their supporting data were reviewed to identify related codes which could be grouped into broader descriptive themes. Thirdly, informed by these descriptive codes and the papers from which they were derived, overarching analytic themes were identified. For both reviews, coding and analysis of data were conducted using NVivo 11 (QSR, 2012).

For both reviews, the initial set of themes was summarised in a short report and shared with the project's policy advisers (see Appendix A3 and A4). The group included senior local government and NHS staff tasked with developing and/or delivering health, transport and environmental policies and services in their local areas, together with the lead for transport and health for older people at a major UK charity (AgeUK). They endorsed the salience of the themes in both reviews and their feedback was incorporated into the analysis (see Chapters 5 and 6).

5 FINDINGS: URBAN REVIEW

Older people's experiences of everyday travel in the urban environment: A thematic synthesis of qualitative studies in the United Kingdom.

Note: Chapter 5 has now been published as an open access paper in Ageing and Society (Ageing and Society, 2018, 34: 590-622 doi:10.1017/S0144686X18001381).

It can also be accessed at:

www.cambridge.org/core/journals/ageing-and-society/article/older-peoples-experiences-of-everyday-travel-in-the-urban-environment-a-thematic-synthesis-of-qualitative-studies-in-the-united-kingdom/601B6DDA637125B56085C0B60B1742A2

6 FINDINGS: RURAL REVIEW

The experience of everyday travel for older people living in rural areas: A systematic review of UK qualitative studies

Note: Chapter 6 has now been published as an open access paper in the Journal of Transport and Health (Journal of Transport and Health, 2018. 11:141-152, doi.org/10.1016/j.jth.2018.10.007)

It can also be accessed at www.sciencedirect.com/science/article/pii/S2214140518303827

7 CONTRIBUTION TO CONSORTIUM THEMES

The PHRC's research programme is structured around a set of inter-related themes (see http://phrc.lshtm.ac.uk/projects_by_theme.html). The themes have a major lifestyle focus, and one complemented by consortium themes related to wider social determinants, including people's living environment.

Our project brings together the consortium themes around lifestyles and the everyday environments in which people live theme. It provides an in-depth analysis of older people's travel experiences in the urban and the rural environment. In both reviews, everyday travel emerged as central to older people's health and wellbeing. Its health impacts were multi-faceted and multidimensional.

Travel provided a major opportunity for walking – or conversely for sedentary activities like driving. Travel mediated access to essential health resources, including food shops and healthcare services, as well as to informal networks (visits to family and friends) and social activities (clubs, places of worship). The act and process of travel represented an arena in which older people could affirm important aspects of their identity, and their independence and self-reliance in particular. Travel also enabled them to access valued social worlds: older people spoke about the enjoyment of meeting friends and acquaintances while walking and travelling by bus as well as the experience of being in and part of the public sphere.

8 CONCLUSIONS

8.1 Overview of findings from the two reviews

The project has turned the spotlight on a key dimension of healthy and active ageing: everyday travel. Informed by UK-based qualitative studies, it offers the most comprehensive analysis to date of older people's experiences. Around half of the studies were concerned with their travel experiences; the remainder focused on the experience of being out and about in the local environment and/or on healthy and active ageing. This shared focus on older people's everyday lives meant that infrequent travel modes, like train travel and cycling, were rarely mentioned; there were no references to air and coach travel. The most widely-discussed travel modes were the car, bus and other forms of alternative motorised transport (DRT, taxis, hospital transport) and walking.

Our reviews point to a relatively small evidence base of qualitative research. The reviews were based on twelve (urban) and ten (rural) empirical studies; these studies supported fourteen and twelve papers respectively. A sub-set of empirical studies included both urban and rural residents and papers from these studies were therefore included in both reviews (de Koning, Stathi, & Fox, 2015; Guell, Shefer, Griffin, & Ogilvie, 2016; Schwanen, Banister, & Bowling, 2012). As this indicates, the two reviews were resourced by a total of nineteen original studies conducted since 1998, the majority of which were published since 2010.

Our reviews of these studies bring out the centrality of travel for older people's everyday lives and the contribution that it makes to their wellbeing and quality of life.

Firstly, everyday travel facilitates - or thwarts - access to resources which support older people's health and wellbeing. These health-related resources include goods, like food shops, and services, like healthcare appointments, as well as social activities, including clubs, local events, places of worship and visits to family and friends. As other studies have noted, travel is necessary to achieve access to 'desired places and people' (Mackett, 2017; Metz, 2000). As this suggests, its benefits for health are indirect, and are realised via the health-protective and health-enhancing destinations that everyday travel enables older people to reach. An appreciation of this contribution underlines the importance of transport accessibility – and, conversely, the impact of transport exclusion – in older people's lives (Ricci, Parkhurst, & Jain, 2016). Our review endorses the position outlined in the government's inclusive transport strategy and its commitment to ensuring that older and disabled people 'are able to travel easily, confidently and without extra cost' (DfT, 2018).

Secondly, the findings of our reviews point to the direct contribution that everyday travel makes to older people's lives. Here, the health benefits lie in the act of travel rather than its destinations; it is the process of mobility that is important rather than the resources available at the journey's end. While the exercise benefits of walking were noted, it was the

psychosocial benefits of everyday travel that the themes brought out. 'Getting out' was seen as essential wellbeing: to avoid being at home all day, to be out in the fresh air, to meet people and 'see life going on around you'. Additionally, engaging in everyday travel – whether on foot, by car or by public transport – provided an arena in which to exercise agency. It demonstrated an ongoing capacity for independence and self-reliance as well as continuing membership of social worlds beyond the home. Thus, particularly in rural areas, the car was not only viewed as 'essential' with respect to reaching destinations, it was also described in terms of its psychosocial benefits (in particular, in affirming one's identity as independent and self-reliant). In urban areas too, having a car was seen to give one freedom, including the freedom 'to go where you don't need to go'. The loss of established modes of travel, including no longer being able to drive and becoming a wheelchair user, was therefore experienced as a 'shattering blow' that could leave older people 'reclusive' and reluctant to venture beyond the home.

As another example of the psychosocial benefits of mobility, older people spoke about the sociability of everyday travel and of public modes of travel in particular. Thus walking, taking the bus and using community transport were described as 'a social thing' and 'a social occasion' where 'you meet other people' and 'people talk to you'. Integral to these benefits is the concessionary bus scheme ('bus pass') which enabled older people to 'get out every day' and gave them 'freedom'. The sociability of car travel was also mentioned in the context of journeys with family members.

The practical (getting there) and psychosocial (getting out) dimensions of travel are interconnected; having a trip purpose and travel destination provides motivation, structure and meaning to everyday travel. The two dimensions are also shaped by the local travel infrastructure and environment. In both reviews, we noted the limitations of the bus services, including service availability, accessibility, connectivity and comfort. Issues of availability were particularly evident in the rural review. Both our reviews also pointed to the importance of the pedestrian infrastructure: studies described the barriers to walking, including problems with pavements, crossing points, traffic density and speed. The urban review also identified personal safety concerns ('frightening people') as a key determinant of whether older people were willing to walk and their level of enjoyment of being out in their local area. These concerns were absent from the rural studies, where going out after dark and walking in poorly-lit streets were seen as integral to rural life.

Looking more broadly at the impact of the physical environment, its role as a facilitator of (or barrier to) everyday travel came out more strongly in the urban review. This may reflect the orientation of the study authors and/or the less attractive walking environments in urban areas. The preference for walking environments that were quiet and with good air quality was evident in the urban studies, along with discussion of the hazards of walking when the weather was wet or icy (which was rarely mentioned in the rural review). References to aesthetic and natural features were again more common in the urban review.

It was only in the urban studies that older people spoke about the local streetscape: its architecture, flower tubs and beds, front gardens and trees. Again, this may reflect the taken-for-granted quality of the local environment for older people living in rural areas.

8.2 Gaps identified in the two reviews

While the studies in our reviews were rich in insight, we noted some gaps in the evidence we could draw from them about older people's experiences of everyday travel.

Older people in employment. The studies in the two reviews were based on older people who described their experiences of non-work travel. The experience of commuting is little discussed in either the urban or rural studies; across the two reviews, we located a single reference to work-related travel. Compared with other adults, work-related travel makes up a much smaller proportion of trips among those aged 60 and over; nonetheless, it represents around 10% of trips in this age group (DfT, 2017). With the increase in the state retirement age, the evidence base for policy will require qualitative studies of older people's travel that include their experiences of getting to and from work. Such studies are particularly important given a dominant narrative in which older people are characterised as retired, economically dependent and a 'burden' on society (Mackett, 2015; Walker, 2018).

Frail older people. As noted in chapters 5 and 6 and underlined by the project's policy advisors, the experiences of frail older people are underrepresented in the studies in the reviews. Our reviews included studies of those aged ≥ 60 , a population in which the majority are in good health. We therefore excluded studies where participants were recruited on the basis of their health condition. While this avoided a potential bias towards older people who were not representative of the broader older population, it meant that the studies in the reviews provided little insight into experiences of those most at risk of social and transport exclusion. We therefore recommend a future review focuses on the travel experiences and needs of frail older people, to include both those living in their own homes and those in care settings. Such a review would be a key resource to inform the government's inclusive travel strategy (DfT, 2018).

Social disadvantage and diversity. We included studies that noted they sought to include participants from more and less advantaged areas; however, limited information was provided on participants' socio-economic circumstances. The impact of social disadvantage on travel choices and experiences was evident in the urban studies; however, there was little focus in the rural studies on financial hardship and its impact on travel experiences and patterns.

Across both sets of studies, there was also little discussion of how ethnic and cultural background shaped older people's travel experiences, with only a minority (6 of 26) of studies providing information on the ethnic background of study participants. These studies

indicated that all or the majority of participants were white. Together with the majority of the studies that did not discuss the ethnicity of participants, this suggests that the evidence from our review represents the travel experiences of White British older people. It also indicates that qualitative studies of everyday travel could and should focus more explicitly on whether and how ethnic and cultural diversity are related to older people's experiences of travelling in their local environment. A review that included a wider range of qualitative studies – for example, of urban life, social exclusion and everyday racism – could further enrich understanding of the travel experiences of older people beyond the majority ethnic group. These studies of everyday travel experiences could feed into a systematic review that complements existing reviews of qualitative studies among black and minority ethnic groups (Bhatnagar, Shaw, & Foster, 2015; Koshedo, Paul-Ebhohimhen, Jepson, & Watson, 2015).

Compared with cultural background, the studies provide more detail on their gender profile. However, only a few studies adopted a gender perspective – one that was sensitive to and reported on differences in the experiences of men and women (for example, Ahern & Hine, 2012; 2015). Other studies signalled such differences: in broad terms, having and driving a car appeared to be more central to men's lives and identity than to women's, while women use, and derive more enjoyment from, publicly-supported modes of travel. While consistent with gender differences in holding a driving license among those aged ≥ 60 (DfT, 2017), a more systematic focus on gender would be important for 'age proofing' and 'rural proofing' policies for older people.

8.3 Policy contexts

Taken as a whole, the evidence from our two reviews lends weight to perspectives on health and wellbeing in later life that emphasise the interplay between the individual, including their identity and circumstances, and the wider residential environment (Banister & Bowling, 2004; Beard & Petitot, 2010; Buffel et al., 2012). Such perspectives are also consistent with public health frameworks that see people's health as socially determined by the conditions in which they live and the wider systems that shape these conditions, with inequalities in these conditions producing inequalities in health and wellbeing that wider systems may fail to address or ameliorate (WHO, 2008).

It is appreciation of the wider influences on people's that underpins recent NIHR guidance on the importance of taking account of 'context' in public health research (Craig, Di Ruggiero, Frohlich, Mykhalovskiy, & White, 2008). As the findings of our project make clear, the important contexts for older people are often those at the local scale, including the local environment and its travel infrastructure. This message from our reviews adds weight to the recent policy emphasis on whole-system approaches.

For example, at national level, the Government Office for Science's review of the future of an ageing population advocates 'a coherent response to ageing', including their transport needs. Emphasis is placed on the importance of social and physical connectivity, particularly in rural areas where car dependence and limited public transport constrain travel options (Government Office for Science, 2016).

Expanding on themes within the GSO review, Directors of Public Health are advocating approaches to health and wellbeing that integrate investment in transport, housing, health and social care (Association of Directors of Public Health, 2018). At the same time, forward-looking cities are seeking to develop integrated and sustainable transport systems that support a wide range of user groups. The constituent elements of these integrated systems align closely with those identified in our reviews as central to older people's experiences of everyday travel. For example, Birmingham Connected, the city's Mobility Action Plan, aims 'to create a transport system that puts the user first and delivers the connectivity that people require'. It seeks to 'improve people's daily lives by making travel more accessible, more reliable, safer and healthier' and 'to use the transport system as a way of reducing inequalities across the city' (Birmingham Connected, 2014). In a similar vein, Manchester's Transport Strategy is built on a set of 'core principles': to be integrated (allowing people to move seamlessly between travel modes), inclusive (providing accessible and affordable transport), healthy (promoting walking and cycling for local trips), reliable (giving users confidence in journey times) and safe and secure (Transport for Greater Manchester, 2017).

As a third example, London has launched its Healthy Streets Approach is a multilevel strategy operating at street level (environments with seating, greenery and safe space for walking, cycling and using public transport) and network level (e.g. promoting air quality and improving public transport) and strategic level (integrated plans for transport, housing and regeneration). Its 'Healthy Street Indicators' align closely with those components of everyday travel highlighted as important to older people in our reviews. They include 'welcoming for pedestrians from all walks of life, 'people feel safe', 'clean air', not too noisy', 'easy to cross', 'places to stop and rest', 'shade and shelter' and 'things to see and do' (Transport for London (TfL), 2017). While focused on urban populations, these city-level strategies rest on principles that also apply to rural areas. As Hennessy and Means observe, 'the most important aspect of attachment to community for older rural residents was feeling that one's community was safe and secure' (Hennessy and Means, 2018: 161).

Integrated and whole-system approaches to promoting independence and wellbeing for older people is central to the NHS Long Term Plan (NHS, 2019). It emphasises the importance of upstream prevention in older age and therefore of the NHS working in partnership with local government – with public health, transport planning, local amenities and parks, housing etc. - to help older people to be and remain healthy.

9 DISSEMINATION/OUTPUTS

9.1 PROSPERO entries

- *Older people's experience of everyday travel in the urban environment: a qualitative evidence synthesis of UK studies* [CRD42017068825]
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=68825
- *The experiences of everyday travel among older people living in rural areas: a qualitative evidence synthesis of UK studies* [CRD42018086275]
https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=86275

9.2 Theme reports for project policy advisors

- *Older people's experiences of everyday travel in the urban environment: a summary of themes for project policy advisors*, Feb 2018 (Appendix A3)
- *Older people's experiences of everyday travel in rural areas: themes from a systematic review of UK qualitative studies: a summary of themes for project policy advisors*, June 2018 (Appendix A4)

9.3 Journal papers

- *Older people's experiences of everyday travel in the urban environment: a thematic synthesis of qualitative studies in the UK* (*Ageing and Society*, 2018, 34: 590-622 doi:10.1017/S0144686X18001381)
- *The experience of everyday travel for older people living in rural areas: a systematic review of UK qualitative studies* (*Journal of Transport and Health*, 2018 11:141-152, doi.org/10.1016/j.jth.2018.10.007)

9.4 Wider dissemination

- *Older people's experiences of everyday travel in the urban environment: a thematic synthesis of qualitative studies in the UK*. Presentation at 50th Anniversary Medical Sociology Conference, Glasgow Caledonian University, Sept 2018. (Health and environment stream). See Appendix A5.
- *Everyday travel in the urban environment: experiences of older people in the UK*. Presentation at 'Paradise Found: How one place can work for everybody', a One Planet York/York Festival of Ideas event held at the University of York, 12th June 2018. See Appendix A6.

10 APPENDICES

A1 PROSPERO RECORDS

Urban review: https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=68825

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National Institute for
Health Research

Older people's experiences of everyday travel in the urban environment: a qualitative evidence synthesis of UK studies

Hilary Graham, Kate Flemming, Amanda Sowden, Piran White, Kath Wright, Sian de Bell

Citation

Hilary Graham, Kate Flemming, Amanda Sowden, Piran White, Kath Wright, Sian de Bell. Older people's experiences of everyday travel in the urban environment: a qualitative evidence synthesis of UK studies. PROSPERO 2017 CRD42017068825 Available from: http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42017068825

Review question

How do the views and experiences of the local urban environment influence older people's everyday travel behaviour?

How do the views and experiences of local travel modes influence older people's everyday travel behaviour?

Searches

The searches are restricted to 1998 to 2017, and the English language. The bibliographic databases: TRID (Transport Research International Documentation), Scopus, MEDLINE, CINAHL Plus and AgeINFO, will be searched, using search terms relating to or describing forms of transport, active travel in combination with database-specific filters for qualitative research. Hand searches will be performed in the journals 'Built Environment', 'Journal of Planning Literature' and 'Journal of Transport and Health'. References will be checked for included studies, using Scopus, and experts will be consulted.

Types of study to be included

Studies published in peer-reviewed journals, using a qualitative research design or a mixed-methods design, in which the qualitative component is reported separately. Baseline data from intervention studies are included if the studies report the views and experiences of older people of everyday travel in their local environment.

Exclusions: quantitative studies and evaluations of interventions.

Condition or domain being studied

The views and experiences of older people (60 years or older), in the UK, of everyday travel in their local urban environment. Older people can find everyday travel in the local environment challenging. Qualitative studies provide a unique insight into their views and experiences, facilitating a deeper understanding of how their everyday lives – including their access to local services and social networks - can be compromised by travel and environmental barriers.

Participants/population

Older people, aged 60 or over, in the UK, living in urban/suburban areas.

Exclusions studies:

- (i) participants are recruited based on their health condition (e.g., studies of people with diabetes).
- (ii) the views and experiences of older people are not separately reported (e.g., studies of adults).
- (iii) participants are stakeholders or experts reporting on the views and experiences of older people; studies which include both older people and stakeholders/experts are included as long as the views and experiences of older people are separately reported.
- (iv) comparing the views/experiences of rural and urban populations.

Intervention(s), exposure(s)

No interventions are being reviewed. Exposure: everyday travel in the urban environment.

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Comparator(s)/control

Not relevant.

Context

Context: the social and physical environment in urban and suburban areas in the UK.

Exclusion: studies of rural populations; and studies comparing rural and urban populations.

Primary outcome(s)

(i) older people's views and experiences of their everyday travel

(ii) older people's views and experiences of travelling in their local environment

Secondary outcome(s)

Health-related outcomes (e.g., physical activity, mental health, social activities, social isolation, and service utilisation).

Data extraction (selection and coding)

Screening involved two reviewers, with discrepancies resolved by consensus. A standard data extraction form was created. The form was piloted; data extraction was undertaken by one reviewer with a sample of records checked by a second reviewer.

Risk of bias (quality) assessment

A standard quality appraisal form was used. The form was piloted; quality assessment studies was undertaken by one reviewer with a sample of records checked by a second reviewer.

Strategy for data synthesis

A thematic analysis and synthesis is being undertaken. NVivo is being used as the qualitative analysis software tool.

Analysis of subgroups or subsets

None planned

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Ms Sian de Bell.

Anticipated or actual start date

01 April 2017

Anticipated completion date

31 March 2018

Funding sources/sponsors

Public Health Research Consortium (PHRC) funded by the Department of Health (DH) Policy Research

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Programme England.

Conflicts of interest

None known

Language

English

Country

England

Stage of review

Review_Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Aged; Age Factors; Humans; Qualitative Research; Research; Travel

Date of registration in PROSPERO

06 June 2017

Date of publication of this version

18 January 2018

Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	Yes	Yes
Risk of bias (quality) assessment	Yes	Yes
Data analysis	Yes	No

Versions

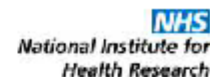
06 June 2017

18 January 2018

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The experiences of everyday travel among older people living in rural areas: a qualitative evidence synthesis of UK studies

Sian de Bell, Hilary Graham, Kate Flemming, Amanda Sowden, Piran White, Kath Wright

Citation

Sian de Bell, Hilary Graham, Kate Flemming, Amanda Sowden, Piran White, Kath Wright. The experiences of everyday travel among older people living in rural areas: a qualitative evidence synthesis of UK studies. PROSPERO 2018 CRD42018086275 Available from: http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018086275

Review question

How do the views and experiences of living in a rural area influence older people's everyday travel behaviour?

How do the views and experiences of local travel modes influence their everyday travel behaviour?

Searches

The searches are restricted to 1998 to 2017, and the English language. The bibliographic databases: TRID (Transport Research International Documentation), Scopus, MEDLINE, CINAHL Plus, and AgeInfo, were searched, using search terms relating to or describing forms of transport, active travel in combination with database-specific filters for qualitative research. Hand searches were carried out in the journals 'Built Environment', 'Journal of Planning Literature', and 'Journal of Transport and Health'. An additional search using search terms relating to rural travel was subsequently performed. References were checked for included studies, using Scopus, and experts will be consulted.

Types of study to be included

Studies published in peer-reviewed journals, using a qualitative research design or a mixed-methods design, in which the qualitative component is reported separately. Baseline data from intervention studies are included if the studies report the views and experiences of older people of everyday travel in their local environment.

Exclusions: quantitative studies and evaluations of interventions.

Condition or domain being studied

The views and experiences of older people (60 years or older) living in rural areas in the UK, of everyday travel. Older people can find everyday travel in the local environment challenging. Qualitative studies provide a unique insight into their views and experiences, facilitating a deeper understanding of how their everyday lives - including their access to local services and social networks - can be compromised by travel and environmental barriers.

Participants/population

Older people, aged 60 and over, in the UK, living in rural areas.

Excluded studies:

- (i) participants are recruited based on their health condition (eg. studies of people with diabetes).
- (ii) the views and experiences of older people are not separately reported (eg. studies of adults).
- (iii) participants are stakeholders or experts reporting on the views and experiences of older people; studies which include both older people and stakeholders/experts are included as long as the views and experiences of older people are separately reported.
- (iv) comparing the views and experiences of rural and urban populations where views and experiences of older people in rural areas are not reported separately.

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Intervention(s), exposure(s)

No interventions are being reviewed. Exposure: everyday travel in the rural environment.

Comparator(s)/control

Not relevant.

Context

Context: the social and physical environment in rural areas in the UK.

Primary outcome(s)

- (i) older people's views and experiences of their everyday travel
- (ii) older people's views and experiences of travelling in their local environment

Secondary outcome(s)

Health-related outcomes (eg. physical activity, mental health, social activities, social isolation, and service utilisation)

Data extraction (selection and coding)

Screening involved two reviewers, with discrepancies resolved by consensus. A standard data extraction form was created. The form was piloted; data extraction is being undertaken by one reviewer with a sample of records checked by a second reviewer.

Risk of bias (quality) assessment

A standard quality appraisal form is being used. The form was piloted; quality assessment of studies is being undertaken by one reviewer with a sample of records checked by a second reviewer.

Strategy for data synthesis

Either a framework synthesis or thematic analysis and synthesis will be undertaken. NVivo is being used as the qualitative analysis software tool.

Analysis of subgroups or subsets

None planned

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Ms Kath Wright. University of York

Anticipated or actual start date

01 September 2017

Anticipated completion date

31 March 2018

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Funding sources/sponsors

Public Health Research Consortium (PHRC) funded by the Department of Health (DH) Policy Research Programme England

Conflicts of interest

Language

English

Country

England

Stage of review

Review_Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Humans; Life; Travel

Date of registration in PROSPERO

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Date of publication of this version

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Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	Yes	No
Risk of bias (quality) assessment	Yes	No
Data analysis	No	No

Versions

29 January 2018

PROSPERO

This information has been provided by the named contact for this review. CRD has accepted this information in good faith and registered the review in PROSPERO. CRD bears no responsibility or liability for the content of this registration record, any associated files or external websites.

A2 LITERATURE SEARCHING

Searches of CINAHL Plus, MEDLINE, Scopus and TRID were conducted and results were loaded into EndNote bibliographic software and deduplicated to 19493 records. The search strategies used are reproduced below.

1. CINAHL Plus via EBSCO

6553 records identified; search date 25 January 2017

S1	(MH "Cycling") OR (MH "Bicycles")	(6720)
S2	(MH "Skating") OR (MH "Skateboarding")	(337)
S3	(MH "Automobiles")	(1,302)
S4	(MH "Railroads")	(501)
S5	(MH "Motor Vehicles")	(3,639)
S6	(MH "Walking")	(15,561)
S7	walk* N5 (travel* or transport* or commut* or journey*)	(390)
S8	driving N3 (travel* or transport* or commut* or journey*)	(61)
S9	(train or trains or rail or railway*) N3 (travel* or transport* or commut* or journey*)	(63)
S10	(cycle or cycles or cycled or cycling or cyclist*) N3 (travel* or transport* or commut* or journey*)	(158)
S11	(bicycle or bicycles or bicycled or bicycling) N3 (travel* or transport* or commut* or journey*)	(68)
S12	(bike or bikes or biked or biking) N3 (travel* or transport* or commut* or	(29)

	journey*)	
S13	(rollerskat* or rollerblad* or roller skat* or roller blad* or skateboard* or skate board*)	(161)
S14	(bus or buses or tram or trams or tramway*) N3 (travel* or transport* or commut* or journey*)	(96)
S15	(motorcycl* or moped* or scooter*) N3 (travel* or transport* or commut* or journey)	(16)
S16	(automobile* or car or cars or motor car or motor cars or motor vehicle*) N3 (travel* or transport* or commut* or journey*)	(261)
S17	(motorised or motorized or non-motorised or non-motorized) N3 (travel or transport or transportation or commut*)	(64)
S18	(walk* N5 (environment* or neighborhood* or neighbourhood* or infrastructure* or suburb* or urban* or landscape))	(747)
S19	(cycling or bicycling) N5 (environment* or neighborhood* or neighbourhood* or infrastructure* or suburb* or urban* or landscape)	(137)
S20	cycle-friendly or walk-friendly or (cycle N1 friendly) or (walk N1 friendly)	(2)
S21	(urban or city) N3 (travel* or transport* or commut* or journey*)	(271)
S22	active N3 (travel* or transport or transportation or commut*)	(650)
S23	passive N3 (travel* or transport or transportation or commut*)	(51)
S24	sustain* N3 (travel* or transport or transportation or commut*)	(42)
S25	((school or work) N3 (travel* or trip* or journey* or commut* or cycl* or walk*	(1,384)

	or bicycl* or bike*))	
S26	(daily or everyday or regular or utilitarian) N3 walk*	(581)
S27	commute or commutes or commuted or commuter or commuters or commuting or telecommut*	(887)
S28	walk* N5 (uptak* or enabl* or barrier* or facilitat* or promot* or encourag*)	(701)
S29	(cycling or bicycling or biking) N5 (uptak* or enabl* or barrier* or facilitat* or promot* or encourag*)	(174)
S30	(cycl* or bicycl* or walk*) N3 mobilit*)	(336)
S31	walkability or bikeability or automobilit*	(299)
S32	(subway or metro) OR "public transport*" OR ((mass or public) N1 transit) OR pedestrian*	(1,965)
S33	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32	(31,778)
S34	(MH "Qualitative Studies") OR qualitative* OR (MH "Interviews+") OR interview* OR findings OR TI (attitude* or belief* or believ* or choice* or choos* or experienc* or opinion* or perceiv* or percept* or prefer* or view*) OR AB ((attitude* or belief* or believ* or choice* or choos* or experienc* or opinion* or perceiv* or percept* or prefer* or view*)	(843,558)
S35	S33 AND S34	(6,910)
S36	S33 AND S34 limited to 1998 onwards	(6,553)

2. MEDLINE

3942 records identified after deduplication; search date 25 January 2017

Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R)
Daily and Ovid MEDLINE(R) <1946 to Present>

Search: via OVID

- 1 Bicycling/ (10297)
- 2 Skating/ (882)
- 3 Automobiles/ (6852)
- 4 Railroads/ (2855)
- 5 Motorcycles/ (2223)
- 6 Pedestrians/ (165)
- 7 Walking/ (29979)
- 8 (walk\$ adj5 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (1171)
- 9 (driving adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (404)
- 10 ((train or trains or rail or railway\$) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (423)
- 11 ((cycle or cycles or cycled or cycling or cyclist\$) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (1958)
- 12 ((bicycle or bicycles or bicycled or bicycling) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (185)
- 13 ((bike or bikes or biked or biking) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (61)
- 14 (rollerskat\$ or rollerblad\$ or roller skat\$ or roller blad\$ or skateboard\$ or skate board\$).ti,ab. (358)
- 15 ((bus or buses or tram or trams or tramway\$) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (281)
- 16 ((motorcycl\$ or moped\$ or scooter\$) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (74)
- 17 ((automobile\$ or car or cars or motor car or motor cars or motor vehicle\$) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (821)
- 18 ((motorised or motorized or non-motorised or non-motorized) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (186)
- 19 (walk\$ adj5 (environment\$ or neighborhood\$ or neighbourhood\$ or infrastructure\$ or suburb\$ or urban\$ or landscape)).ti,ab. (1971)
- 20 ((cycling or bicycling) adj5 (environment\$ or neighborhood\$ or neighbourhood\$ or infrastructure\$ or suburb\$ or urban\$ or landscape)).ti,ab. (801)
- 21 (cycle-friendly or walk-friendly or (cycle adj friendly) or (walk adj friendly)).ti,ab. (4)
- 22 ((urban or city) adj3 (travel\$ or transport\$ or commut\$ or journey\$)).ti,ab. (911)
- 23 Environment Design/ (5757)
- 24 walk\$.ti,ab. (102714)
- 25 bicycl\$.ti,ab. (23350)
- 26 23 and (24 or 25) (1263)
- 27 (commute or commutes or commuted or commuter or commuters or commuting or telecommut\$).ti,ab. (2618)
- 28 (school adj3 (travel\$ or trip\$ or journey\$ or cycl\$ or walk\$ or bicycl\$ or bike\$)).ti,ab. (896)
- 29 (work adj3 (travel\$ or trip\$ or journey\$ or cycl\$ or walk\$ or bicycl\$ or bike\$)).ti,ab. (3049)
- 30 (active\$ adj3 (travel\$ or transport or transportation or commut\$)).ti,ab. (13775)
- 31 (passive adj3 (travel\$ or transport or transportation or commut\$)).ti,ab. (2003)

- 32 (sustain\$ adj3 (travel\$ or transport or transportation or commut\$)).ti,ab. (366)
- 33 ((daily or everyday or regular\$ or utilitarian) adj3 walk\$).ti,ab. (1565)
- 34 ((daily or everyday or regular\$ or utilitarian) adj3 (cycl\$ or bicycl\$)).ti,ab. (7338)
- 35 ((walk\$ or cycl\$ or bicycl\$ or transport\$ or travel\$) adj3 (behaviour\$ or behavior\$)).ti,ab. (5886)
- 36 (walk\$ adj5 (uptak\$ or enabl\$ or barrier\$ or facilitat\$ or promot\$ or encourag\$)).ti,ab. (1856)
- 37 ((cycling or bicycling or biking) adj5 (uptak\$ or enabl\$ or barrier\$ or facilitat\$ or promot\$ or encourag\$)).ti,ab. (1156)
- 38 ((cycl\$ or bicycl\$ or walk\$) adj3 mobil\$).ti,ab. (680)
- 39 (walkability or bikeability).ti,ab. (702)
- 40 automobilit\$.ti,ab. (7)
- 41 (subway\$ or metro).ti,ab. (1747)
- 42 pedestrian\$.ti,ab. (4395)
- 43 (public transport\$ or mass transit or public transit).ti,ab. (1554)
- 44 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 (96488)
- 45 Qualitative Research/ (36962)
- 46 qualitative.af. (198577)
- 47 focus group.af. (19124)
- 48 interview\$.af. or Interviews/ (351286)
- 49 ((interpretive or interpretative) adj research).af. (116)
- 50 ethnography.af. (2465)
- 51 narrative.af. (21725)
- 52 ((interpretive or interpretative) adj phenomenolog\$).af. (1794)
- 53 (mixed method\$ or multimethod\$ or multi-method\$ or multi method\$).mp. (15140)
- 54 (attitude\$ or belief\$ or believ\$ or choice\$ or choos\$ or experienc\$ or opinion\$ or perceiv\$ or percept\$ or prefer\$ or view\$).ti. (550442)
- 55 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 (1009405)
- 56 44 and 55 (5435)
- 57 animals/ not (animals and humans).sh. (4824464)
- 58 56 not 57 (5294)

(Limited to 1998 onwards 3942 and duplicates removed)

3. Scopus

5453 records identified after deduplication; search date 30 January 2017.

Five separate searches run on Scopus as described below. These identified 6941 records that were loaded into EndNote and deduplicated leaving 5453 unique records.

Scopus search term/phrase TITLE/ABS/KEY	Number of records identified Per search statement	Number of records identified when combined with qualitative terms
Scopus A search strategy & results		

((TITLE-ABS-KEY (qualitative OR {focus group} OR {focus groups} or interview* OR {interpretive research} OR {interpretative research} OR ethnograph* OR narrative OR {interpretative phenomenolog*} OR {multimethod} OR {multi method} OR {mixedmethod} or {mixed method})))	1107377	
motorised W/5 (travel* or transport* or commut* or journey*)	2991	192
motorized W/5 (travel* or transport* or commut* or journey*)	2991	192
nonmotorised W/5 (travel* or transport* or commut* or journey*)	6	1
nonmotorized W/5 (travel* or transport* or commut* or journey*)	344	18
non-motorised W/5 (travel* or transport* or commut* or journey*)	356	17
Non-motorized W/5 (travel* or transport* or commut* or journey*)	10	-
{Non motorized} W/5 (travel* or transport* or commut* or journey*)	3	1
{Non-motorised} W/5 (travel* or transport* or commut* or journey*)	0	-
		204 records 193 records 1998 onwards

Scopus B search strategy & results		
((TITLE-ABS-KEY (qualitative OR {focus group} OR {focus groups} or interview* OR {interpretive research} OR {interpretative research} OR ethnograph* OR narrative OR {interpretative phenomenolog*} OR {multimethod} OR {multi method} OR {mixedmethod} or {mixed method})))	1107377	
“electric vehicle*” W/5 (travel* or transport* or commut* or journey*)	3228	76
“electric bike*” W/5 (travel* or transport* or commut* or journey*)	110	3
“electric* bicycle*” W/5 (travel* or transport* or commut* or journey*)	93	4

e-bike* W/5 (travel* or transport* or commut* or journey*)	94	6
e-bicycle* W/5 (travel* or transport* or commut* or journey*)	8	0
walk* W/5 (travel* or transport* or commut* or journey*)	3085	235
driving W/5 (travel* or transport* or commut* or journey*)	3379	120
cycle* W/5 (travel* or transport* or commut* or journey*)	6050	145
cyclist* W/5 (travel* or transport* or commut* or journey*)	283	24
cycling W/5 (travel* or transport* or commut* or journey*)	1475	103
bicycl* W/5 (travel* or transport* or commut* or journey*)	1340	96
(bike* or biking) W/5 (travel* or transport* or commut* or journey*)	456	34
(rollerskat* or rollerblad* or "roller skat*" or "roller blad*" or skateboard* or "skate board*" or scooter*) W/5 (travel* or transport* or commut* or journey*)	79	7
(bus or buses or tram or trams)W/5 (travel* or transport* or commut* or journey*)	8084	248
motorcycl* W/5 (travel* or transport* or commut* or journey*)	329	28
(automobile* or car or cars or "motor car" or "motor cars" or "motor vehicle*") W/5 (travel* or transport* or commut* or journey*)	15658	515
(subway* or metro) W/5 (travel* or transport* or commut* or journey*)	1191	33
pedestrian* W/5 (travel* or transport* or commut* or journey*)	1034	38
		1375 records 1241 records 1998 onwards

Scopus C search strategy & results		
((TITLE-ABS-KEY (qualitative OR {focus group} OR {focus groups} or interview* OR {interpretive research} OR {interpretative	1107377	

research} OR ethnograph* OR narrative OR {interpretative phenomenolog*} OR {multimethod} OR {multi method} OR {mixedmethod} or {mixed method})))		
telecommut*	1141	72
mobility W/5 (travel* or transport* or commut*)	6699	315
walk* W/3 (urban or environment or landscape)	2777	174
bike* W/3 (urban or environment or landscape)	100	11
bicycl* W/3 (urban or environment or landscape)	405	20
cycle* W/3 (urban or environment or landscape)	4324	70
cycling* W/3 (urban or environment or landscape)	1107	41
cyclist* W/3 (travel* or urban or environment or landscape)	176	5
school* W/3 (travel* or trip* or journey* or cycl* or walk* or bike* or biking or bicycle*)	2519	316
work W/3 (trip* or journey* or cycl* or walk* or bike* or biking or bicycl*)	12544	396
(Walking or cycling) W/3 (behaviour* or behavior*)	4176	140
		Total 1485 records 1344 records 1998 onwards

Scopus D search strategy & results		
((TITLE-ABS-KEY (qualitative OR {focus group} OR {focus groups} or interview* OR {interpretive research} OR {interpretative research} OR ethnograph* OR narrative OR {interpretative phenomenolog*} OR {multimethod} OR {multi method} OR {mixedmethod} or {mixed method})))	1107377	
Cycling W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	7835	237
Cycle* W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	7835	237
Cyclist* W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	119	6
bicycling W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	87	11

bicycle* W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	411	35
bicyclist* W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	16	-
Walk* W/3 (uptak* or promot* or encourag* or enabl* or facilitat* or barrier* or constrain*)	2890	234
		Total 787 records 748 records 1998 onwards

Scopus E search strategy & results		
((TITLE-ABS-KEY (qualitative OR {focus group} OR {focus groups} or interview* OR {interpretive research} OR {interpretative research} OR ethnograph* OR narrative OR {interpretative phenomenolog*} OR {multimethod} OR {multi method} OR {mixedmethod} or {mixed method})))	1107377	
Urban W/3 (travel* or transport* or commut* or journey*)	57904	2317
Active* W/3 (travel* or transport* or commut* or journey*)	58272	407
Passive* W/3 (travel* or transport* or commut* or journey*)	5290	49
sustain* W/3 (travel* or transport* or commut* or journey*)	5471	282
(daily or everyday or regular* or routine* or utilitarian) W/3 bicycl*	250	16
(daily or everyday or regular* or routine* or utilitarian) W/3 cycling	1000	31
(daily or everyday or regular* or routine* or utilitarian) W/3 walk*	2777	200
(Cycling or walking) W/3 mobility	782	64
Walkability or bikeability or automobil*	1352	172
mobilit* W/3 (travel* OR transport* OR commut* OR journey*)	4432	212
Mobilit* W/3 (urban or environment or landscape)	5207	257
Friendly W/3 (cycle* or cycling or walk*)	235	9
“Public transport” KEY	7091	335
{cycle transport}	641	67
		3749 1998 onwards

4. TRID (Transport Research International Documentation)

6697 records identified after deduplication; search date Feb 2017.

Search 1: title, abstract, notes, index terms, subject areas with: qualitative OR “focus group” OR interview* OR “interpretive research” OR “interpretative research” OR ethnograph* OR narrative OR

“interpretative phenomenolog*” OR “multi-method” OR “mixed-method” and searching thesauri and uncontrolled terms with (all OR) Nonmotorized transportation, Local transportation, Public transit, Automobile driving, Sustainable transportation, Private transportation, Highway vehicle operators, Mobility, Travelers, Safety and security, Motor vehicles, Human powered vehicles, Urban transportation, Motorcycle driving, Highway facilities, Built environment, Social factors, Pedestrians, Bicycling, Travel behavior, Commuting, Travel patterns, Activity choices, Automobile travel, Sidewalks, Bicycle travel, Cyclists, Walking, Pedestrians, Pedestrian movement, Private Passenger vehicles, Driving, Subways, Bicycles, Tricycles, Wheelchairs, Rickshaws, Scooters, Skating, Bus and high occupancy vehicle facilities, Bus transit, Jitney service, Bus rapid transit, Rail transit, Railroad commuter service, Rapid transit, Light rail transit, Trolley cars, Passenger trains, Rapid transit cars, Automobile ownership, Modal shift, Modal diversion, Mode choice, Barrier free design, Landscape design, Urban design

Search 2: title, abstract, notes, index terms, subject areas with Tram or Bicycle or Electric Bicycle or Car or Electric vehicle or bus Or Driver or commuter or Motorcycle or Motorcyclist or Cycl* or Tram or Underground railway or Passenger train or walking or pedestrian or journey to school or journey to work or journey or active transportation or physical activity or post-car world or sustainable transport or mobility or telecommut* and searching thesauri and uncontrolled terms with (all OR): Attitudes, Interviewing, Qualitative analysis, focus groups.

Searched all publications and sources (academic and grey); English language only; Jan 1998 to Jan 2017

5. AgeINFO (<http://www.cpa.org.uk/ageinfo/ageinfo2.html>)

170 records identified after deduplication; search dates 5 May and 4 June 2017.

(travel OR transport) AND qualitative	33
mobility AND qualitative	42
(driving OR car) AND qualitative	8
(walking OR cycling) AND qualitative	9
environment AND qualitative	81
(neighbourhood OR neighborhood) AND qualitative	15
(physical activity) AND qualitative	14
pedestrian AND qualitative	2

A3. SUMMARY OF THEMES FOR POLICY ADVISORS: URBAN REVIEW

OLDER PEOPLE'S EXPERIENCES OF EVERYDAY TRAVEL IN THE URBAN ENVIRONMENT

WHY FOCUS ON OLDER PEOPLE'S EXPERIENCES?

Over 80% of the UK population lives in urban areas. While the urban environment and its transport system matter for everyone, they are particularly important for older people. Along with housework, walking is their major form of physical activity. In addition, compared to younger adults, older people:

- spend more time in their local neighbourhood
- are less likely to travel by car
- rely more heavily on the pedestrian infrastructure and on buses
- are more likely to live alone
- are more likely to have limiting long-term conditions
- are less physically active, including walking less for travel and leisure

For all these reasons, older people are 'experts by experience'¹ on travelling in the urban environment. However, it can be hard for their voice to be heard in policy-making processes at local and national level.

WHAT WE DID

We searched for and analysed UK studies that collected information on older people's views and experiences of everyday travel in the urban environment. We focused on qualitative studies, where older people talk about their experiences in their own words. We found 14 papers, including ones based in northern and midland cities in England. There were no studies in Northern Ireland.

We analysed the results and identified themes that reoccurred across the studies.

WHAT WE FOUND

There were four themes that ran through the studies:

- The intrinsic value of travel
- The importance of being self-reliant
- The importance of the local environment
- The importance of local travel systems

¹ NHS England (2017) *Five Year Forward View* www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

1. The intrinsic value of travel

'It's the easiest thing in the world just sitting there, just read or do something. You've got to get out; you've got to move about.'

Travel policy is informed by surveys like the National Travel Survey that define personal travel as 'the trips people make in order to reach a destination'². Personal travel is therefore seen as instrumental; a trip is 'a course of travel with a single main purpose'³, for example to go shopping, access services (e.g. medical consultations, entertainment, sports facilities) and visit friends.

However, for older people, travelling in their local environment is not simply a means to an end, undertaken 'in order to reach a destination'. Personal travel has intrinsic value too. It is an end-in-itself - and this intrinsic value comes across more strongly in the studies than its instrumental value.

The intrinsic value of travelling around the local environment lies in its capacity to enhance wellbeing. 'Getting out' enables older people to feel part of the world and enjoy the local natural environment. Social benefits were particularly emphasised: getting out was seen as a way of reducing social isolation and facilitating social interaction and inclusion. Free travel modes like walking and bus travel (via the bus pass) were frequently discussed in these terms (see Box 1).

Box 1

Walking

I don't like sitting ... and just watching telly or, I've got to be on the go. So ... I do like every day, at least, to get out in the fresh air, have a little walk, even if it's only for an hour, just down the city, you know, or anything. (Individual interview)

So you walk down the street ... 'good morning, lovely day, how are you keeping, you've got a stick, what happened?' that kind of thing. And people talk to you. (Individual interview)

I desperately wanted to go down [name of road] and go into the recreation ground, because that had been our stamping ground when we were young and I hadn't been in the actual rec for ages. And the day I did that, I came back and I'd done it! I felt marvellous! And I was doing that and going round streets that had sort of been grownup since I moved up here and looking at people's gardens and, yeah, I quite enjoyed it... Just to get out in the air, independent of everybody, I really enjoyed it. I came back and...I felt up to doing something, I felt taken out of myself! (Individual interview)

Taking the bus

² Department for Transport (2017) National Travel Survey
www.gov.uk/government/uploads/system/uploads/attachment_data/file/632910/nts-technical-report-2016.pdf

³ Department for Transport (2017) National Travel Survey
www.gov.uk/government/uploads/system/uploads/attachment_data/file/632910/nts-technical-report-2016.pdf

I get out every day because I get bored living alone in the flat, so I get out every day, catch the bus, sometimes two, three buses a day. (Individual interview)

Everybody was saying, oh gosh we don't often see you on the bus! Because it's quite a social occasion for a lot of these ladies... because they all meet up, you know, if they're on their own and they don't see many people, it's quite nice. (Individual interview)

Participant1: For a lot people that are very lonely and that, erm, they will get on a bus and go for a little ride...

Participant2: There are some very nice bus routes, eh.

Participant3: There are so many people, and I find that people do speak to you on a bus (Focus group discussion)

Community transport

Getting out and about you still see things. You see life going on around you. You don't experience or feel that at home. (Individual interview)

It's a weekly catch up with friends basically! I really look forward to a good chinwag on the [community transport] bus (Individual interview).

2. Being a self-reliant traveller

'I appreciate the fact that I can get out and about and I can do things for myself, it helps me to remain independent. And I can go out and do my shopping, get my paper, travel. If I travel I, you know, I could do it if I need.'

The second theme relates to the importance of being self-reliant, despite mobility limitations and financial constraints. Older people value travel systems and environments that support, and do not compromise, their strong preference for independence. Integral to this preference is not being dependent on others. Older people spoke of not wanting to rely on family and friends to meet their travel needs (Box 2).

Box 2

I know it must be a pain [for my family] taking me out every week (Individual interview)

There are a few people who will offer it [rides], but not many who I would ask because I think to them, and I know the feeling, that once they do it, they have to do it again, you know. So I try not to ask too many people. (Individual interview)

[By using community transport] I'm not a burden to them. They're busy, they wouldn't be able to take me about you see. (Individual interview)

The car is a symbol of my freedom and my ability still to be in control (Individual interview)

I don't feel I have the freedom that I do with the community transport as I did with a car. I am taken places. It's nice but I miss the freedom to choose, the journey, how long we stay and so on. (Individual interview)

3. The importance of the local environment

'You got a hardware shop, and you got bakers, greengrocers shop, hairdressers, you got dentist, you got a library, so there's lots of, there's fish and chip shops, a lot of take-away shops all up there. It's all in one; you could go up there and get everything what you wanted, really.'

While personal travel had intrinsic value ('getting out') for older people, it had also instrumental value ('getting there'). Travel with a purpose and destination – the official definition of personal travel – mattered too. It was also a spur to getting out, giving the trip structure and focus and enhancing its opportunities for social interaction. A local environment with local amenities therefore enabled both 'getting out' and 'getting there'. A recurrent concern, particularly among older people in disadvantaged areas, was the loss of these local environments (Box 3).

Box 3

There's nothing in this area... not even a swing for a child... nothing for old or young. (Individual interview)

There's nothing to go out for now, unless you go downtown. There's nothing here, up here now. There's no cinema; there was, but that's finished. (Individual interview)

[In the past] each area had all these shops, you could buy here and there, and cross the road and get so many things on the other side. It was lovely, it was an outing...Everybody used the local shops and you met people practically every other day. You could meet and stand and blether to people for as long as you liked. But that's what I am saying, the companionship—that's gone now I think. (Individual interview)

Other dimensions of the local environment were also highlighted, including air quality, noise and natural features, streetscape design (particularly benches and toilets) and pavements, traffic conditions and social ambience (see Box 4).

Box 4

Natural features, air quality and quietness

There's plenty of greenery around here and it's quite nice to take a walk up 'round. (Individual interview)

We've got lots of trees and bushes and ... green grass verges, so it is (a good place for walking)! (Individual interview)

It (my neighbourhood) is boring. These little industries are around. There is not many pretty gardens and places to look up regularly. You can see all industries over there! (Individual interview)

I will walk more if they [the authorities] put some flowers and something like that. I will be quite happy with things like that. (Individual interview)

I like fresh air and exercise. This area, has a good air quality because of the [few] cars. (Individual interview)

I like to walk in quiet streets definitely! There is no doubt about that, and this is quiet. (Individual interview)

This is the area that I don't like to walk. As I told you, there is a lot of noise. (Individual interview)

Streetscape design and pavements

They've worked on it [lighting] mathematically. So that anywhere you walk, you can have this clear space in front of you to walk. I think it's very good. (Individual interview)

If I want to do more [walking], I would need more places where I can rest and more toilets. (Individual interview)

If [older people] are out round to the shops, or the community centre here, they could always walk back and sit there [on the bench] in the summer for half an hour if you like and have a rest. You have always got to remember that the older ones like us, you can get tired. (Individual interview)

And the high kerbs, so if we are going to a certain place we have got to say 'now we have got to go along there and there's a low kerb there, and go down here, but I have got to cross there and move along there'. You can't just go from A to B. (Individual interview)

When we walk up here, we have to be very careful! Broken bottles and broken pavements! ...Broken pavements and slope! It would definitely mean you have to watch. (Individual interview)

There are too many different levels [pavement]. If it was all one level it would be better as at the moment it dips and then goes back up, then dips again. (Individual interview)

Traffic conditions

I used to go across the road. But I stopped going there because again, if I was crossing the road, I could fall down. I don't need anything to fall over, I just fall down. And you know ... a driver, who couldn't stop in time to stop running over you. And I've got no intention of being run over. (Individual interview)

Social ambience

I wouldn't walk down there at night. No way. Well I wouldn't even get out the car, 'cause the pub on the corner it's always got plenty of people round it you know. (Individual interview)

Gangs hang around outside and you walk around not without their prejudice. You are not one of them (. . .) they won't let you to pass through! They will come right up to you when you want to move! (Individual interview)

Well you see someone doing something that's not right, you've got to go and tell them, but you know all you'll get is a mouthful of abuse. (Individual interview)

4. The importance of local transport systems

'Transport is a very important factor in terms of my life - or lack of transport.'

The intrinsic and instrumental value of travel ('getting out' and 'getting there') depended not only on the quality of the local environment. It depended, too, on local travel facilities. Availability, accessibility and connectivity were key dimensions. For example, walking was facilitated by the availability and accessibility of local areas in which to walk – and by a local bus service that enabled older people to combine travel modes. While the intrinsic value of car travel ('a symbol of my freedom' - see Box 2) was discussed by older people, it was also often explained in terms of the lack of suitable alternative travel modes.

Box 5

Walking

Yesterday we walked down [to the seafront] from here and took a rest and then finished up going almost to [X]. Coming back, catching the bus and coming home. (Individual interview)

We can go walking through the woods there and there's a jolly good hour's walk around through the woods up to the top onto the park and down the road and back again. . . . That's quite a good run. (Individual interview)

We used to catch a bus and go up on the bus and have a little walk, have an ice cream, have a rest, and come back. But you can't do that now because we've got no buses. (Individual interview)

Taking the bus

I mean a pensioner like me ... if I walked to Hammersmith then by the time I get there I'd be so exhausted I couldn't do anything else ... So I am grateful for the Freedom Pass [London bus pass]. (Individual interview)

Well, I use it every day ... And if I didn't have a Freedom Pass, I wouldn't be able to go out every day. Because I've got sticks, so I can't walk very far. (Individual interview)

Car travel

Of course buses stop at 6 o'clock so you need a car if you want to get out in an emergency or anything like that, or go out to the theatre. (Individual interview)

[To] go shopping actually, you need it to go shopping because the weight of the shopping bags these days. I mean like [name of a supermarket chain]'s car park down there, just park there, park in the disabled and get a trolley and it's just easier for shopping really. Because if you're getting on and off the buses, you just can't do it with the shopping. So it helps. You do need a car. (Individual interview)

Quite frankly I don't know how we'd manage if we didn't have the car. (Individual interview)

You don't need a car but it's surely handy to have one. Because you've got a 10-minute walk down to the bus . . . and the buses are not terribly reliable as you probably read in the paper. (Individual interview)

Among the different travel modes discussed by older people, walking and bus travel stood out for their potential to meet both older people's intrinsic and instrumental travel needs. Travelling by foot and by bus, supported by the national bus pass scheme, are both free, and this aspect came out strongly in older people's accounts (Box 6). Compared to trips by car, both modes of travel are also associated with higher levels of daily walking and of moderate to vigorous physical activity.⁴ In addition, walking and bus travel are central to sustainable travel systems, and are key 'co-benefit' behaviours with benefits for individual health and for the environment.

Box 6

As I say, I haven't got enough money to buy a car. When I think about it, now I've got my bus pass, even if I had a car I don't think I'd use it very much, because I would much rather use public transport....It's the aggression, people are so aggressive, and there's far more traffic. (Individual interview)

I have to walk up to the hospital, so ... if a bus comes, I'm going to jump on it ... Because it saves me walking with my legs, because my legs are so bad, and if I never had the bus pass, I couldn't do that, because I would, that'd, it'd be £2.20 for a stop. (Individual interview)

Participant 1: If I never had my bus pass, I wouldn't have the freedom that I've got. I go to clubs ... Which helps me to, you know, do the rest of the week, so it's not so long

Participant 2: It's my lifeline (Focus group discussion)

CONCLUSION

Two broad conclusions can be drawn from our study of older people's experiences of travel in their local environment:

- the intrinsic value that older people attach to 'getting out' and travelling in their local environment. This intrinsic value is enhanced when they are able to be self-reliant and independent travellers.
- the contribution that local environments and local travel systems make to both the intrinsic and instrumental value of travel.

Together, these conclusions underline the importance of local transport and neighbourhood plans for older people's health and wellbeing.

The intrinsic value of travel turns on its health-enhancing dimensions: reducing social isolation and low mood and promoting social engagement and inclusion. Its instrumental value, too, has an important health dimension, in enabling older people to access essential goods and services. In addition, travelling around the local environment – whether for

⁴ Davis MG et al (2011) Getting out and about in older adults: the nature of daily trips and their association with objectively assessed physical activity *International Journal of Behavioral Nutrition and Physical Activity* 8:116 <https://doi.org/10.1186/1479-5868-8-116>

intrinsic or instrumental reasons – has the potential to promote walking and the additional health benefits associated with regular physical activity.

We would therefore encourage those working to fulfil local government's remit to 'promote social and environmental wellbeing' to give explicit consideration to the travel needs and experiences of older people.

A4. SUMMARY OF THEMES FOR POLICY ADVISORS: RURAL REVIEW

OLDER PEOPLE'S EXPERIENCES OF EVERYDAY TRAVEL IN RURAL AREAS: THEMES FROM A SYSTEMATIC REVIEW OF UK QUALITATIVE STUDIES

WHY FOCUS ON OLDER PEOPLE LIVING IN RURAL AREAS?

- One in four of the rural population is aged 65 or older. In sparsely-populated rural areas, the proportion is higher still (28%), over twice the proportion of young adults (13%) residing in these areas
- Older people value rural living, including the natural environment and the sense of neighbourliness
- But everyday travel and distance to services, including home-to-hospital distances, are major challenges
- Travel costs are much higher in rural than urban areas, a financial penalty linked to greater reliance on car travel and greater distances to services
- While the majority of older people have access to a car, the proportion of drivers falls steeply at older ages
- Older people are more likely to have health conditions that limit their mobility, and therefore their ability to use public transport and to walk

WHY FOCUS ON QUALITATIVE STUDIES?

- Qualitative studies, where people express their views and experiences in their own words, are increasingly used to gain insight into community perspectives
- The government has made a commitment to 'rural proof' national and local policies to ensure they take account of the perspectives of rural residents (Bradshaw, 2015; DARD, 2015)

WHY DO A SYSTEMATIC REVIEW OF QUALITATIVE STUDIES?

Systematic reviews bring together evidence from multiple studies, a source of evidence that can be particularly useful for policy-making (Whitty, 2015).

WHAT WE DID

We searched for and analysed UK studies that collected information on the experiences of everyday travel of older people living in rural areas. Our review is based on 10 studies (reported in 12 papers). The majority were in England (5 studies), with a further two in England and Wales. One study was based in Scotland and two in Northern Ireland. We analysed the findings of the studies and identified themes that reoccurred across the studies.

WHAT WE FOUND

Three interconnected themes ran through the studies:

- living with an inadequate transport system
- the importance of travel in maintaining the lives older people wish to lead
- the importance of travel in affirming identity

THEME ONE: LIVING WITH AN INADEQUATE TRANSPORT SYSTEM

Older people discussed many aspects of local transport system, including walking, local bus services, community transport, hospital transport, taxis and lifts from the family and friends.

Walking was viewed as a mode of everyday travel only by those living in villages with safe pedestrian access to village shops, pubs and clubs.

Walking

There are loads of clubs in the village . . . I could walk to any of the ones that I wanted to go to.

We've got a really nice pub, exactly a mile down the road but I can't walk to it because it's much too dangerous.

Local bus services were valued by some older people - but the dominant experience was of their absence and unsuitability as an everyday mode of travel. As their accounts suggest, bus coverage and frequency is much poorer than in urban areas (Titheridge, Mackett, Christie, Oviedo Hernández, & Ye, 2014). Health conditions were highlighted as an additional barrier.

Rural bus services

It's all very well the government giving out free bus passes, but where are the buses for us to use them on?! If it weren't for the community spirit in this area a lot of people wouldn't survive.

There is no bus. I've got to take the car to get to the bus!

I have arthritis and getting off a bus is very painful.

Can't go on the bus - frightened of falling.

Community transport, including community buses and demand-responsive transport (DRT) schemes, were highly valued by those who used them.

Community transport

I am very pleased with community transport. I live 10 miles from the city, a very backward area, and there is no way to get out except with community transport and I can get that service anytime. It's absolutely brilliant. It's made a new life for me and also to say, the staff are brilliant.

Having the village bus is great...On the bus of course it's fun, because you meet people you know doing the same thing

But there was a view, particularly among men, that community transport carried a social stigma; it was for 'the less able' and 'older people' and offered 'trips that women like to make'. As the authors of one study put it, men 'did not want to travel with other people, were put off by the fact that the services were mostly used by women and did not like to be dependent.' Concern was also expressed that DRT services like minibuses and shared taxis may lack wheelchair access and space to carry folded wheelchairs and mobility scooters.

Hospital transport and taxis. With a limited local bus service, travelling to healthcare appointments was particularly difficult for those without a car. But alternative travel modes – for example, hospital transport services and taxis - were experienced as problematic. Hospital transport could be an ordeal; taxis were expensive and therefore were reserved for occasional and/or emergency use only.

Hospital transport and taxis

Now, you can book a hospital car service but if you are having chemotherapy and you're picked up at something like half past seven in the morning because you've got two other passengers. Three other passengers they've got to pick up. And it's from here to Cheltenham. So you could go to Hereford, you could go all round, then you go in and you cannot come home until the last person's had their treatment and that can be very very [long wait]. If you've had chemo, it's evil.

I was taken ill in October and I had to get a taxi; because the ambulance wasn't available I had to have a taxi to Abergavenny to the hospital for further tests, and it was £20 for a single journey.

Lifts from family and friends were an important part of the rural transport infrastructure. They were seen to provide a travel mode for occasional rather than regular use. It was only considered acceptable to ask for help for certain types of trips (with medical appointments cited as the major example) and there was a reluctance to be being perceived as a 'burden' on family and friends.

Lifts from family and friends

There are a few people who will offer it [rides], but not many who I would ask because I think to them, and I know the feeling, that once they do it, they have to do it again, you know. So I try not to ask too many people

Car use and car dependence were explained in terms of the inadequacies and unsuitability of other travel modes. Having a car was 'essential' and 'a lifeline', a view summed up by the phrase 'no car, no transport'. In addition it was 'handier' and could accommodate poor weather and distance to services in ways that other travel modes could not. It also offered a technology that could compensate for the mobility limitations associated with getting older. Where disadvantages of using the car were mentioned, these related to the financial cost of car ownership and to traffic conditions (speed and density of traffic) rather than to the mode itself. The adverse environmental impacts of car usage were not discussed.

Driving

Without my car I don't know what I'd do.

To me, motoring and things like heating are essentials that you can't really avoid.

Motoring is expensive. We are limited in our income and so there's a limit to how much we can get out and about and go places.

I find it very frustrating, my lack of mobility. I live 100 yards from this (village) hall and it will take me nearly half an hour to walk and that's why I use the car. I use it as another pair of legs.

THEME TWO: MAINTAINING THE LIVES OLDER PEOPLE WISH TO LEAD

The second theme linked closely to theme one. The adequacy of the transport system mattered because it provided the platform on which fulfilling lives could be built and sustained. Older people placed a premium on modes of travel that enabled everyday life to be enjoyed – and the car provided the benchmark against which other modes fell short.

Thus, older people spoke about how everyday travel enabled them to access essential goods and services, like grocery shops and healthcare services, and to reach a broader range of destinations that gave meaning and purpose to their lives, such as places of worship, leisure facilities and clubs, and the homes of family and friends. For both sets of destinations, they described being '*entirely dependent*' on their car. There was '*no other way of doing it*'; without a car, they would '*have to cancel social activities*'. The activities enabled by car ownership included keeping in contact with family and friends, informal care (e.g. care of grandchildren) and, like the car driver quoted below, voluntary work:

Driving

A car is necessary, well if we are to sustain our activities at the current level

I visit the homes and the hospitals and sick people who I know. I'll go into their rooms or into their houses, but if I don't know them, I'll stand outside...I like doing it. People say: 'Oh I couldn't be bothered' and I say, 'Well, I can because it helps me as much as it helps the people I am going to see'

While many of the accounts pointed to the instrumental value of travel (to get to destinations), older people also highlighted the importance of the act of travelling. '*Getting out and about*' was integral to the lives they wished to lead, and everyday travel was discussed in terms of the wellbeing benefits it provided, particularly to those who felt their lives were increasingly restricted to the home.

'Getting out and about'

(You need to) keep active, that doesn't mean to say you've got to play tennis or golf ... Make it every day, walk for your paper

A dog is so much company especially if you're on your own, you know, it's lovely so yes, I do enjoy the dogs and it's something I'd hate to think I hadn't got one to walk, gets you up in the morning, gets you out, you've got something to think about.

As the body shuts down, I don't mean that too literally, you know, so you don't play the tennis but ...you can still do your walking...

THEME THREE: AFFIRMING IMPORTANT IDENTITIES

Everyday travel was a way of expressing and enjoying aspects of one's identity central to older people's wellbeing. Two particular aspects were highlighted.

Firstly, everyday travel provided an arena in which to be self-reliant. Thus, being able to drive not only enabled individuals to live the lives they wished for, it also demonstrated their continuing capacity for independence. Driving cessation meant losing this capacity; it was a tangible sign of increasing dependency and was experienced as a major loss, particularly by men.

Issues of identity also emerged in older people's accounts of the use, and change in use, of mobility aids. Some older people found that mobility aids like walking sticks and rollators could help to maintain their sense of independence. However, shifting from independent mobility to a mobility aid like a wheelchair was, like driving cessation, described in terms of its negative impact on identity.

Being an independent traveller

My own car is really important. It's my independence and although I go with my husband to most places and we then use his car, I really love having my own car . . . if I am on my own I am not stuck; so that is really important to me.

I think travelling would be a worry for me if I didn't have the car and was old and infirm because I like to go out to be energised by different people. So I need to have that input in my life and if I didn't get out and about I'd be stuck... (The car enables me to be) almost totally independent

Loss of travel independence

I've just had a medical condition [diagnosed] and the medicine that I've taken has deprived me of my driving licence and it is the most shattering blow I've ever felt in my life. There's no return and I've found it very difficult to come to terms with. One of the penalties of living and I wouldn't wish it on any of you to have that trauma. (Asking others for help is) really quite humiliating, you know. ... I've never been as old as this before.

I find now that I'm starting to get a bit reclusive. I've never ever been in the village in my wheel chair ... and it's a lovely little village but the reason I don't go down the village in the wheel chair is [because] people are so kind and they say, 'What's the matter Joan?'. You know: 'What's happened?' And I just don't want to sort of give them all a sob story. I just wouldn't like to go down in the village in a wheelchair. Plus the fact, you see, to get in and out of these shops, it's all steps, and the shops in [the village] are so tiny that you couldn't get round and you don't want to make yourself a nuisance. So, no, I don't go down the village.

Secondly, everyday travel is an arena in which to experience and enjoy social contact. In villages with safe pedestrian access to local services, walking provided a point of entry into the public sphere beyond the home. Like walking, bus travel could also open up valued social worlds.

The social worlds of everyday travel

Walking can be quite a social thing.

The good thing about [this village], the people are very, very friendly... Even (on) the street, you can't walk past someone in the street, they'll pass comments.

Well (the village shop) seems to be (a hub), everyone seems to be going there these days. It's a lovely social event to go over (to the village shop)

I enjoy being on the buses with other people, it's a social thing . . . there's always somebody I know on the buses.

It's a very social bus...he only runs the one bus, so we all know each other on the bus so it's quite a social occasion

(Interviewer) 'So how long have you been using this (community transport) bus then?' I asked. 'A few years,' she replied, 'it's a lifeline, as no one speaks to me in my street, so since the death of my brother, it's the only place to talk to people sometimes'.

CONCLUSIONS: EVERYDAY TRAVEL AND QUALITY OF LIFE IN OLDER AGE

The themes running through our review highlight the essential contribution that everyday travel – whether by car, public transport or on foot - makes to the lives of older people. Thinking about the three themes together, we suggest that everyday travel is best understood in terms of its impact on older people's 'quality of life'.

Quality of life is a broader concept than health or wellbeing, and is explicitly framed around the individual's perception of their life in relation to their hopes, pleasures and concerns (World Health Organisation (WHO)). It does not use clinical measures of health but relies on people's subjective evaluation of their lives. As our review makes clear, everyday travel is central to the achievement of older people's hopes and pleasures – and, for many, a major concern.

Like other studies of older people's travel, our report describes how everyday travel provides access to health-related goods and services, like food shops and healthcare centres (AgeUK, 2013a; Holley-Moore & Creighton, 2015; Mackett, 2017). But our review brings out the broader contribution that travel makes to quality of life. It thwarts – or facilitates – an individual's capacity to lead the life they wish to live and be the person they wish to be. Thus, modes of travel that are perceived as accessible, convenient and self-affirming provide the platform on which meaningful lives and important identities are sustained. Loss of these modes – and loss of the capacity to drive in particular – brings with it the loss of the lifestyles and identities that matter.

The three themes identified in our review of older people's experience of everyday travel align very closely with those identified by older people when asked about 'the building blocks' of quality of life in older age (Bowling, 2018). Major building blocks are 'living in a neighbourhood with good community facilities and services, including transport' 'engaging

in a large number of social activities and feeling supported' and 'feeling independent, in control over life'.

This quality of life perspective is central to health policies that seek to 'add life to years' (LGA, 2018a). It can also be applied to transport provision for older people, for example by including quality of life in policy impact assessments. Such assessments are urgently needed: the government's commitment to 'rural proof' policies has coincided with the roll-out of austerity policies that have hit rural transport particularly hard (AgeUK, 2013b; LGA, 2018b). For example, bus services in rural areas have seen funding reductions of 40%, with local authorities cutting service frequency (e.g. reducing daytime services and removing services in the evening and at weekends) in order to maintain 'last link' services, for example those providing access to healthcare services (LGA, 2018b). Community transport schemes, an alternative for older people in areas without an adequate bus service, have similarly seen reductions in public funding and service provision, and often struggle to survive (House of Commons Transport Select Committee, 2017).

This weakening of the public transport infrastructure impacts most on those without access to a car: the quality of their lives depends heavily on this infrastructure. While car ownership can compensate for inadequacies in the local transport system, it does so only temporally; the ageing process brings with it increasing dependence on other travel modes. As this suggests, the public and pedestrian transport infrastructure underpins quality of life in older age. Investment in facilities for pedestrians, local bus services and community transport and DRT schemes is essential to improving alternatives to car dependence. In all these areas, ensuring provision for those reliant on mobility aids is key to promoting and protecting quality of life in later life.

A5. ABSTRACT OF PRESENTATION AT 50TH ANNIVERSARY MEDICAL SOCIOLOGY CONFERENCE, GLASGOW CALEDONIAN UNIVERSITY, SEPT 2018

Title: Older people's experiences of everyday travel in the urban environment: a thematic synthesis of qualitative studies in the UK

Authors: Hilary Graham, Sian de Bell, Kate Flemming, Amanda Sowden, Kath Wright, Piran White

Abstract: The UK population is ageing and increasingly urban. The local travel environment matters for everyone but is particularly important for older people. Qualitative studies provide unique insight into people's experiences, with syntheses of qualitative research enabling findings from multiple studies to be integrated.

We conducted a qualitative evidence synthesis of UK-based studies of older people's experiences of travelling in the urban environment. We searched health, social science, age-related and transport-related databases from 1998 to 2017. Fourteen papers were included in a thematic synthesis, a process that moves iteratively between codes, descriptive themes and cross-cutting analytical themes. Themes were refined with policy advisors.

Four themes were identified. The first theme pointed to the value that older people attach to 'getting out' to counter social isolation and to structure their day and to being a self-reliant traveller. The third and fourth themes highlighted how the local environment and travel systems enabled (or prevented) them from realising these valued dimensions of travel. Recurrent environmental concerns were the loss of local amenities and micro-environmental features such as pavement quality, personal safety and aesthetic appearance. Free modes of travel like walking and bus travel were highly valued, including the social worlds they contained.

Our review suggests that, while the extrinsic value (reaching destinations) of local travel matters, its intrinsic value matters too. The process of travel is experienced and enjoyed for its own sake, with older people articulating multiple ways in which it contributes to their wellbeing.

A6. POSTER AT 'PARADISE FOUND: HOW ONE PLACE CAN WORK FOR EVERYBODY', UNIVERSITY OF YORK, JUNE 2018

Everyday travel in the urban environment: experiences of older people in the UK

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UNIVERSITY of York



The UK population is ageing and increasingly lives in urban areas. Whilst the local environment and transport systems matter for everyone, they are particularly important for older people. Compared to younger adults, older people spend more time in their local area and rely more heavily on its pedestrian and public transport infrastructure. Qualitative studies, using methods such as focus groups and interviews, enable older people to describe their experiences of travel in their own words and are increasingly valued by policy-makers.

What did we do?

We searched for studies from 1998 to 2017 which used qualitative methods to investigate older people's experiences of travelling in urban areas in the UK. Fourteen studies were included in a thematic synthesis. This involved identifying themes from the experiences described in the studies. These themes were refined with policy advisors.



1. Getting out and about

The first theme pointed to the value that older people attach to 'getting out' to counter social isolation and to structure their day.

"Getting out and about you still see things. You see life going on around you. You don't experience or feel that at home."¹

2. Being an independent traveller

Travelling, and being a self-reliant traveller, contributed to identity and independence.

"I appreciate the fact that I can get out and about and I can do things for myself, it helps me to remain independent. And I can go out and do my shopping, get my paper, travel."²

Our review suggests that for local travel, whilst reaching destinations matters, the process of travel is experienced and enjoyed for its own sake. These findings show that there is need for investment in pedestrian and public transport infrastructure. Existing travel systems and future investments could be assessed not only by whether they enable people to reach destinations, but also whether they maximise opportunities for older people to enjoy being 'out and about' in their local community.

3. The local environment

The third theme highlighted how the local environment enabled (or prevented) travel. Recurrent concerns were the loss of local amenities and micro-environmental features such as pavement quality, personal safety and aesthetic appearance.

"It makes you feel better, seeing a bit of greenery, it needn't be great big trees, it could be, something to take away the greyness you know?"³

"When we walk up here, we have to be very careful! Broken bottles and broken pavements!"⁴

4. Local transport systems

The fourth theme highlighted how local transport systems enabled (or prevented) travel. Free modes of travel like walking and bus travel were highly valued, including the social worlds they contained.

"Everybody was saying, oh gosh we don't often see you on the bus! Because it's quite a social occasion for a lot of these ladies... because they all meet up, you know, if they're on their own and they don't see many people, it's quite nice."⁵

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