

**DEPARTMENT FOR TRANSPORT'S REVIEW OF DRIVING
ADVICE/ASSESSMENT FOR OLDER DRIVERS THROUGHOUT
THE UK**

**Consultation Document UG 394 prepared by Transport and Travel
Research Ltd
For the attention of Dr Phil Barham, Transport and Travel Ltd,
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HELP THE AGED RESPONSE TO CONSULTATION

General Points

- I. Help the Aged is pleased to place on record the Charity's view on research and policy in relation to advice and assessment for older drivers in the UK. At an informal meeting held earlier in the year with a then representative of T&TR Ltd extensive material was provided and it was emphasised that no policy document had as yet been produced by the Charity on this issue. (The very short report of this meeting (paragraph 2.20) is correct in the sense that Help the Aged has in the past concentrated largely on public transport issues, but is fully aware of the implications of the growth of numbers of older drivers – especially women. (At present only 28% of women aged 70 and over hold driving licences, but this will increase dramatically in the future as at present 74% of 50 to 59 year old women are drivers.) Our notes of the meeting do not include any reference to discussion of policy by the trustees . (Policy is normally agreed by a director or senior manager.) Our recollection is that we stated our preference for the status quo in terms of assessment and the need for far more advice and assistance for older drivers to continue at the wheel as long as practicable and advisable. The example of first class research undertaken by the AA Foundation and the help given to older drivers in the United States was cited. The AARP and Administration on aging websites are particularly instructive)**
- II. Since the Report provides background information on Age Concern we are pleased to furnish additional material on Help**

the Aged. As a matter of interest we would concur with the points made by Age Concern (2.18 and most of 2.19). In principle we agree with them that the current requirement that drivers must renew their driving licence at 70 and every three years is arbitrary and, in a sense, discriminatory. However we would not like to see it replaced by another regime which was more so. Thus on balance we prefer the status quo in terms of assessment to any alternative proposals, for example those being currently discussed by the European Commission. The only complaint that Help the Aged receives in relation to the present system revolves around the charge made. If that was removed then it is our submission that older drivers would be satisfied. However we wait the outcome of your survey.

- III. The specific points made below include comments on selected findings from consultations to date, the surveys which have been completed (it is regrettable that the findings of the ‘mainstream’ survey of older drivers is not available as this should enlighten us all on the views of older people), and the eight key research questions for the research.**

2. Comments on the Consultations to Date.

2.1 General Practitioners at present play a crucial role in the present system. In the absence of strong and specific evidence in support of an alternative system Help the Aged believe that they should continue to do so. They are trusted by older drivers and their families and relatives, well versed in imparting ‘delicate’ advice to their patients, and are well placed to know the individual patient’s medical history and any cognitive or physical impairments which might give cause for concern in terms of driving.. The statement that they do not have the time or inclination to fulfil such a role is debateable. That is not to say that others in the medical/caring professions could not play a part.

2.12 The uneven provision of local authority advice and assessment services is noted. The only experience of this local provision known to the author is the Hampshire County Council’s Independent Older Driver Assessment Service. Here the practical advice given was greatly

appreciated – and acted upon – by at least one female driver who lives in Southsea.

2.15 The DSA's perspective of aiming to ensure that driving is up to the required standard, regardless of age, is commendable. (See the letter to the editor of the Daily Express enclosed)

2.22 The leaflet produced by the AA – 'Advice for the Older Driver' is used by many older drivers. Perhaps the research undertaken by the AA Foundation should be more extensively disseminated. My wife who is a member of the Institute of Advanced Motorists takes exception to the suggestion that older drivers should have a regular check-up 'just as older cars need an MoT certificate'!

3. Comments on Findings from Surveys

3.2 to 3-8 Very interesting findings, although quite what interpretation can be put on them is open to question. The 'avoidance' of driving situations which are perceived as 'hazardous' by older drivers reinforces the general view that most older people cope with ageing/ driving in a quiet, sensible manner. Of more concern are the findings that a minority had undertaken some form of driver training or assessment since first passing their driving test, and 31% cited a lack of information about driver training schemes.

3.9 to 3.13 Health visitors and district nurses also do not seem very well informed about older drivers and their potential problems and remedies to them. Nor should they necessarily. Help the aged would like to associate itself with the comment of one respondent that older drivers were no different than younger ones in terms of fitness to drive.

3.13 As noted above Help the Aged would very much like to see the findings of the surveys in progress. Since the Charity subscribes to the premise that policymaking should be evidence based and the experiences and views of older people are invariably worth paying attention to, then these findings would appear to be crucial. Given the lack of hard evidence it is only right that answers to the questions raised in 1.3 should be conditional on these findings, at least in part.

4. Comments on Key Research Questions

- 1. Any system based on arbitrary chronological age is not perfect, and the self-certification after the age of 70 is, in all likelihood, not based on any firm foundation. However if you have to draw the line somewhere then 70 is probably as good a cut off point as any. Maybe it could be raised to 75, which is often used as a general age category which in some older people brings with it some physical disabilities. So while age is not the ideal criterion it acts as an acceptable 'proxy' one.**
- 2. None that commends itself. Any conclusive views being expressed by respondents in the surveys in progress, or other compelling evidence that the present system falls short of an alternative one would temper this policy statement.**
- 3. The DVLA, in association with GPs, and DSA.**
- 4. Yes to the first question. The loss of a driving licence is a huge blow to self esteem, and more important to the capacity to get out and about. Many older people see their car as a lifeline and hate having to rely on others or indeed public transport when they can no longer drive. When public transport is SARA – safe, accessible, reliable and affordable - then it should be commended. Concessionary travel passes are available everywhere in the UK and in Wales, Scotland, and Northern Ireland they are free and full fare. Half fare passes are the rule at present in England save for areas such as London, the West Midlands, and Merseyside. Help the aged is campaigning actively for free travel for older people throughout the UK.**
- 5. Not really, what is needed is more of the same. Older people receive many communications from central and local government agencies – why not place advice notes in with some of these communications. There is surely a case for more mobility centres and local authority services to advise and assess. Any future improvement in provision should be preceded by a mapping exercise to ascertain the match/mismatch in the geography of need and provision.**
- 6. It would be a very useful exercise for an interested and expert agency to compile guidelines on relevant information. Perhaps an**

- application should be made to Research Into Ageing for further work on this issue.
7. The information needs of older people must be taken into account. In one survey on that issue 'word of mouth', leaflets/pamphlets, and television were the top three preferred information sources cited by older people. Older drivers, belong to the AA/RAC, take out insurance policies, have their vehicles repaired, fill up at petrol stations, and pay their road tax at the post office. These are all times and places at which information could be provided to those that are considering their future driving plans.
 8. Help the Aged would be willing to assist in the process of providing advice for older drivers , and having their driving ability assessed. Together with other charities and agencies which regularly communicate with older people, and a more pro-active role could and should be taken.

In conclusion Help the Aged would advocate not radically changing the status quo unless compelling evidence and opinion is forthcoming to the contrary.

The American experience should be taken into account, as in that country older drivers are given far more advice and assistance to keep driving 'as long as possible'.

Careful note should be taken of the findings of the survey of older drivers, and the opinions of those who manage the system at present. Above all a new system should not be introduced without adequate and meaningful consultation with those who will be affected by it now and in the future. A few years ago a European directive on driving by those suffering from diabetes was implemented in the UK – apparently without adequate consultation. Whatever the merits of the change it caused enormous grief at the time to those concerned.

Selected Enclosures

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